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# REPORT

ON

## REORGANISATION OF

### MEDICAL EDUCATION AND HEALTH SERVICES

IN

## INDIA

BY

DR. V. K. RAO, FRCGS, FRCR, FRCR, FRCR

CHIEF, MEDICAL EDUCATION, GOVERNMENT OF INDIA  
AND  
CHIEF, MEDICAL EDUCATION, GOVERNMENT OF INDIA

1960



J. H. SHAMUDDIN  
Deputy Minister for Finance



*With best compliments from :*

*Dr. K. K. Hegde*

MINISTER FOR HEALTH, GOVERNMENT OF MYSORE

*Bangalore,*

*Dated .....*

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GOVERNMENT OF MYSORE

# REPORT

ON

REORGANISATION OF

MEDICAL EDUCATION AND HEALTH SERVICES

IN

MYSORE STATE

BY

Major General S. L. BHATIA,

C.I.E., M.C., M.A., M.D. (Cantab) F.R.C.P. (LOND.)

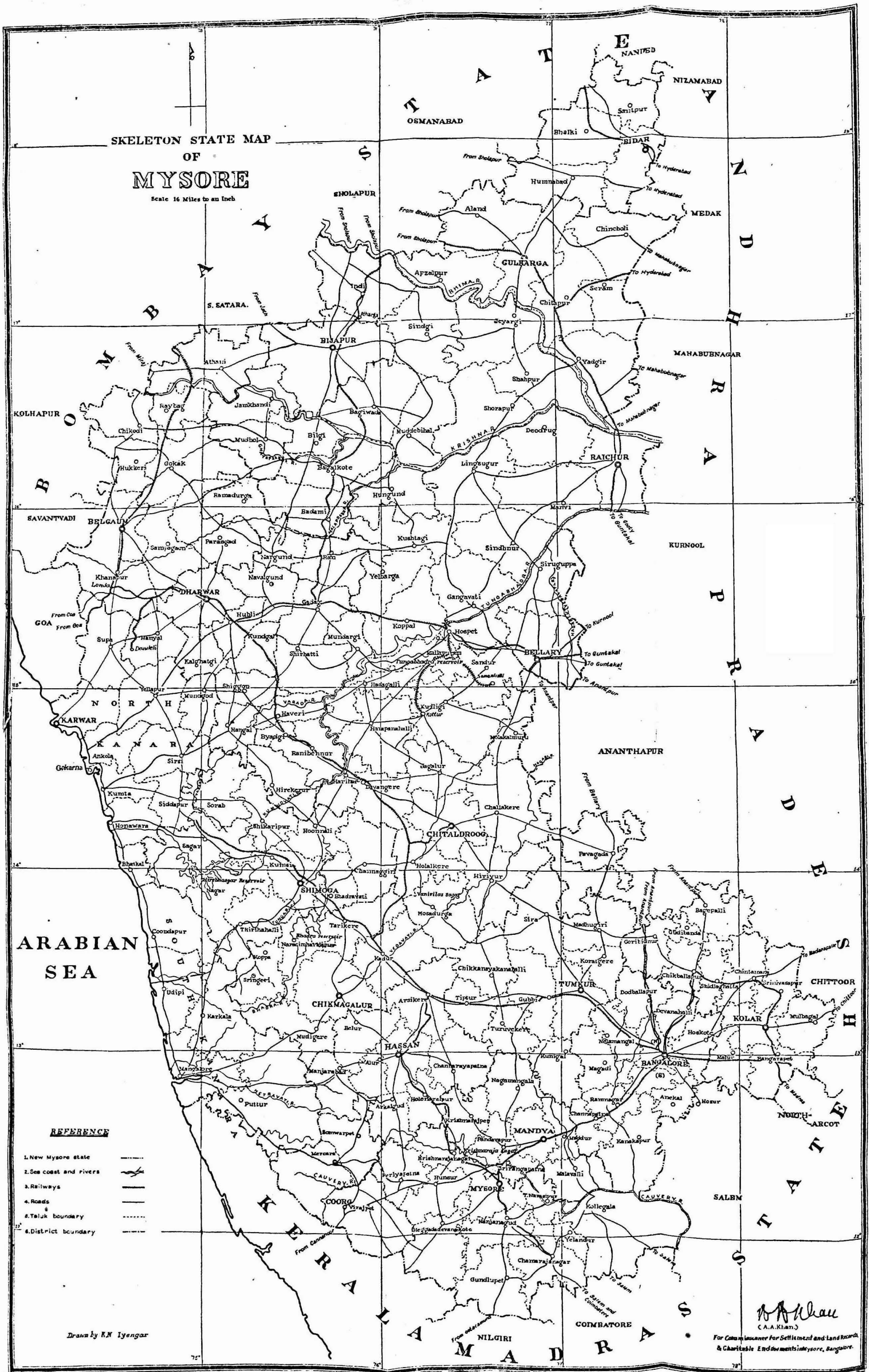
F.R.S. (E) F.A.Sc., I.M.S., (Retd.).

1960



# SKELETON STATE MAP OF MYSORE

Scale 16 Miles to an Inch



## FOREWORD

The new Mysore State inherited five different systems of administration governing medical institutions, with varying degrees of medical aid. Considering the different practices that are obtaining in the integrating areas with regard to the various medical institutions and with a view to lay down uniformity in respect of the staffing pattern in general and the requirements of the Medical Colleges and Hospitals attached to teaching institutions, Government decided to institute an enquiry into various matters concerning medical relief and education.

Major-General S. L. Bhatia, who has a wide and varied experience in medical administration in several States of India as Inspector General of Civil Hospitals, Assam, Surgeon General with the Government of Madras, Inspector General of Medical and Health Services and Secretary, Medical Department, Hyderabad, and in the Government of India as Deputy Director-General of Indian Medical Services and as Dean and Professor in the Grant Medical College for over two decades, kindly agreed to conduct the enquiry.

The Report of Major-General Bhatia has been received. I am glad to say that the State Government have already taken action to implement some of the main recommendations, as and when they were received.

I take this opportunity of thanking Major-General Bhatia on my own behalf and on behalf of the Government for undertaking the enquiry and for his valuable Report.

K. K. HEGDE,

*Minister for Health,  
Government of Mysore.*

2nd December 1960.



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## INTRODUCTION.

### *I. Appointment*

In accordance with Government of Mysore Order No. LLH 64 MDC 58, dated 10th October 1958, I was appointed by the Government of Mysore to make an enquiry into the working of hospitals and medical institutions in Mysore State with a view to lay down their requirements as regards staffing pattern in general and the requirements of the posts of Doctors, Specialists and grade pay in particular, as also the requirements of the Medical Colleges and Hospitals attached to teaching institutions. Government considered it desirable, that certain objective criteria be set up for the purpose of allotment of funds for staff, drugs, diet and supplies to various medical institutions.

Considering the different practices, that were obtaining in the different integrating areas with regard to various medical institutions, Government felt, that it had become necessary to consider in general the ways and means of increasing the efficiency of the various medical institutions, and therefore, it had decided to institute an enquiry into these matters.

### *II. The Terms of Reference*

I was asked by the Government to make recommendations in consultation with the Director of Medical Services, the Director of Public Health, the Adviser, T. B. Sanatoria, the Principals of Medical Colleges, the Superintendents in charge of Hospitals and the heads of various medical institutions, and after taking into consideration the standards recommended by the Medical Council of India, in regard to the following matters :—

1. (a) The requirements of the Medical Colleges, the teaching institutions attached to such colleges, as regards the various categories of staff, their qualification and their emoluments, the duties to be allocated to such staff ;

(b) The requirements of the hospitals attached for clinical studies for such colleges regarding :—

(i) the staffing pattern and the emoluments to be paid to such staff including specialists ;



(ii) the constitution of Units in the hospitals and the organisation of out-patient departments ;

(iii) the allotment of duties to several medical officers ;

(iv) the minimum number of specialists' posts required and the additional number considered desirable ;

(v) laying down of a scale for staff requirements based on the average number of in-patients and out-patients ; and

(vi) requirements of drugs, diet and other hospital necessities ;

(c) Any other recommendations as may be considered necessary or desirable to ensure adequate medical facilities to the public and proper and adequate medical attendance in medical institutions ;

(d) Adequate arrangements regarding training to be given to the medical students in Social and Preventive Medicine.

2. To make recommendations of the staffing pattern of the district and mofussil hospitals and dispensaries, taking into consideration the in-patients and out-patients, and also the provision of specialist facilities on a regional basis to cater for the requirements of the population in different regions.

3. To consider the existing facilities and make recommendation for the organisation of Maternity and Child Health care services.

4. To consider the existing facilities and make recommendations for the organisation of a School Health and Medical service.

5. To consider the existing facilities and make recommendations for the organisation of preventive and curative service for Tuberculosis ; and

6. To consider the existing facilities and make recommendations for the training of technical personnel, including nurses, health visitors, midwives, laboratory technicians, radiographers, etc., required for various medical institutions.

7. In accordance with Government of Mysore Order No. LLH 486 PHD 58, dated 6th March 1959, the Government added the following item to the terms of reference on which recommendation is to be made :—

“ to specify the posts in the Public Health Department for which special qualifications should be necessary, and the special qualifications required for appointment to such posts ”.

### *III. The Enquiry*

1. I undertook the enquiry as desired by Government on 1st April 1959 and have been in close consultation with the Director of Medical Services as well as the Director of Public Health. The Adviser to Government, Tuberculosis Sanatoria, had retired before the commencement of the enquiry. His work had been taken over by the Director of Medical Services, who has been consulted in respect of matters relating to Tuberculosis as well.

I have also consulted the Principals and Professors of Medical Colleges, the Superintendent in charge of hospitals, and the heads of various medical institutions.

2. I have visited all the three Medical Colleges, namely, the Mysore Medical College, Mysore, Bangalore Medical College, Bangalore, and the Karnatak Medical College, Hubli, as well as the teaching hospitals associated with each. These are the Colleges under the control of Government. There is a fourth College, namely, Kasturba Medical College, Manipal, which is under private management, which is not the subject of this enquiry and report.

3. I also undertook a series of tours and visited medical and public health institutions in some districts.

4. During practically all the visits to the Medical Colleges and other institutions in the cities and districts I was accompanied by Dr. T. B. Medappa, Deputy Director of Medical Services. In certain inspections Dr. D. V. Nadkarni, the Director of Medical Services, was with us ; and in some cases while visiting some public health institutions Dr. S. T. Rodda, the Director of Public Health, accompanied us.

5. I went to New Delhi, where I consulted the Director General, Health Services, the Deputy Director General, Health Services and Dr. V. V. Puri the Secretary, Medical Council of India. I visited the All-India Institute of Medical Sciences and the Safdarjung Hospital in company with the Health Minister of our State (Dr. K. K. Hegde), and had talks with the officers in charge of these institutions.

6. I visited the following neighbouring States :—

(a) *Bombay*.—In Bombay I met Dr. Sethna, the Surgeon General and Dr. A. N. De Quadors, the Dean of Grant Medical College and the J. J. Group of Hospitals. I went round this institution. I also had consultation with Dr. C. S. Patel, President of the Medical Council of India.

(b) *Hyderabad*.—In Hyderabad, I met Major K. N. Rao, the Director of Medical Services and visited the Osmania Medical College and the Princess Niloufer Hospital as well as the Cancer Hospital situated close to it.

I have been in correspondence with the Directors of Medical Services of Bombay, Madras and Andhra Pradesh, as well as the Secretary, Medical Council of India, and have obtained valuable information from them.

7. I may say, I am well acquainted with medical arrangements in the neighbouring States, as I have held the following appointments in the course of my service :—

(a) In Bombay, I was on the staff of Grant Medical College for a period of 21 years, when I held the following appointments :—

(i) Professor of Physiology in the College for 17 years ; (1920-1937) ;

(ii) Professor of Hygiene, (in addition to being Professor of Physiology) for 6 years (1920-1926) ;

(iii) Dean of the College, (in addition to being Professor of Physiology) for 12 years (1925-1937) ;

(iv) Principal of the College and Superintendent of the J. J. Group of Hospitals for 4 years (1937-1941) ;

(b) Deputy Director General of the Indian Medical Service in New Delhi for 4 years (1941-1945). In this assignment I was in touch with Medical Institutions in all parts of India.

(c) Inspector General of Civil Hospitals, Assam, Shillong for 2 years (1945-47);

(d) Surgeon General with the Government of Madras for 3 years (1947-1950);

(e) Inspector General of Medical and Health Services, and Secretary, Medical Department, Government of Hyderabad, Hyderabad Dn. for 3 years (1950-1953);

This experience in other States has been very helpful in this enquiry, and I have taken it into full consideration in making my recommendations.

8. In order to collect full and up-to-date information on the various topics, which are the subjects of this enquiry, questionnaires were issued, copies of which are placed in the Appendix—The response was satisfactory. I was also in frequent correspondence with the Director of Medical Services and the Director of Public Health in Mysore State in regard to various matters, on which information and advice were needed. They have all readily rendered very valuable help, whenever necessary.

In making the recommendations, I have taken into consideration the funds available, the existing sources for recruitment of personnel and the Schemes under the Second Five-Year Plan.

#### *IV. The Report*

1. As desired by Government, the recommendations relating to the organisation of the Medical Colleges and Teaching Hospitals, were dealt with in the first instance and were submitted to Government.

2. Recommendations in regard to certain other matters also were submitted to Government periodically. This was done in order to avoid delay and to enable Government to consider them and take such action as may be advisable.

3. In this report recommendations in respect of all matters covered by the terms of reference are put together. Certain repetitions of facts and conclusions are there, but they are



considered unavoidable in giving a clear picture of the problems under discussion.

The actual period of enquiry has extended a little over 12 months, and therefore factual data as stated in the report may not, in all cases, correspond to the data as on 1st April 1960. This is inevitable, but whatever is stated in the body of the report represents, to a large extent, the actual state of affairs and gives a good index of achievements and deficiencies as well.

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# Report on Reorganisation of Medical Education and Health Services in Mysore State

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## CHAPTER I.

### MEDICAL EDUCATION IN MYSORE STATE.

#### I. THE EARLY STAGES OF MEDICAL EDUCATION IN INDIA.

In dealing with the problem of Medical Education in Mysore State, it will be of interest to consider it in the larger context of the growth of Modern Education in India generally.

##### *A. Calcutta :*

(i) The movement for imparting training in modern medicine started in Bengal in the early part of the 19th century. At that time, instruction in Ayurvedic and Unani systems of Medicine was imparted in Calcutta in the Sanskrit College and the Madrasa, respectively. It was in 1822, that the first Medical School was established in Calcutta by the East India Company. A similar school was started in Bombay in 1826 and in Madras in 1827. The school in Bombay, however, remained open for 6 years only, and was then abolished. Credit is mainly due to Lord William Bentinck, the Governor General, for initiating higher medical education in India. He appointed a Committee in 1833 for improving the Medical School in Calcutta and the instruction imparted there. The Committee reported, that the main defects in the existing Medical School were :

- “ 1. The absence of a proper qualifying standard for admission.
2. Scantiness of the means of tuition.
3. The entire omission of practical human anatomy in the course of instruction.
4. The want of regularity in the time of admitting students.
5. The shortness of the period of study.

6. The want of means and appliances for the convenience of private study.
7. The desultory character of the students' attendance on the practical means of instruction.
8. The inconclusive nature of the power and authority wherewith the Superintendent is vested ; and
9. The mode of conducting the final examinations ”.

I have quoted these defects in detail, for it is not unlikely that some of them may still exist in some institutions today, as they did in the first Medical School 127 years ago !

(ii) The deliberations of this Committee have had a most profound effect on the future course of medical education in India. It is interesting to note, that on one point the members of the Committee were divided, namely, whether the instruction should be imparted in an Indian language or in English. The anglicists prevailed over the orientalists and it was finally agreed that instruction should be in English. The Committee recommended, that the existing Medical School should be abolished and replaced by a College run on more up to date lines. These recommendations were accepted by Government. The Calcutta Medical School was thus abolished, as well as the Medical classes in the Sanskrit College and the Madrassa and a new Medical College was founded in 1835 with Dr. M. G. Bramley as the Principal.

(iii) The year 1835 is very important in the history of medical education in India, for it was in that year that an institution was first started, which imparted medical education of the standard comparable with that prevailing in Europe at the time.

It is recorded, that dissection, which in the days of the original medical school was performed on the sheep, was undertaken in the new Medical College on the human body for the first time on 10th January 1836 ; and the first Indian to break with the tradition and handle the dissecting knife was Pandit Madhusudan Gupta, who had formerly been teacher of Medicine in the Sanskrit College. This historical event was duly celebrated by the firing of guns from Fort William in Calcutta ! In 1839 the first students passed out from this College. In 1846 the Examining Bodies in England gave their first recognition to the course of Medical Education provided at Calcutta, as qualifying for their examinations.

### *B. Bombay.*

(i) In Bombay in the year 1835, Sir Robert Grant, shortly after he became Governor of Bombay, directed his attention to the desirability of establishing a Medical School. He was deeply interested in the subject. As a preliminary measure, he encouraged the formation of what is known as the Medical and Physical Society of Bombay for the Medical Officers of Government, where they could meet and have scientific discussions. This was the first Medical Society in India. Early in 1837 soon after this Society was founded, the attention of its managing committee was directed by Government to the subject of medical education. A former Medical School in Bombay, one of the earliest of its kind in India, was instituted by Government in 1826 as already mentioned; but after 6 years of unsatisfactory existence it was abolished. This was brought to the notice of the Medical and Physical Society and it was asked to submit its considered opinion on the establishment of a new school.

(ii) The year 1837 was very suitable for Sir Robert Grant's proposals. The Bengal Medical College, which was started in 1835 had been in operation in Calcutta for two years, and had achieved marked success. The Committee of the Bombay Medical and Physical Society reported favourably, and Sir Robert Grant drew up a very able minute on the subject of Medical Education, which advocated the establishment of a new Medical School in Bombay. This minute was transmitted to Calcutta, the then Capital of India, about the middle of 1838. It was approved by Lord Auckland's Government, but before this news reached Bombay, Sir Robert Grant unfortunately died.

(iii) A public meeting was held in the Town Hall of Bombay on 28th July 1838, at which a resolution was passed, that a Medical College be established in Bombay, which should bear the name of Sir Robert Grant. The Court of Directors of the East India Company sanctioned the scheme and authorised, that the proposed school be called Grant Medical College. The fund subscribed by the public for this amounted to Rs. 44,800. The Court of Directors contributed an equal sum to defray the cost of the buildings. The foundation stone of the building was laid in 1843. It was completed in 1845, when it was handed over to Dr. Charles Moorehead, the first Principal of the College.



(iv) With the College, a teaching hospital was necessary. In 1838 Sir Jamsetji Jeejeebhoy offered a sum of Rs. 1,00,000 on condition, that the Government offered an equal sum, the income from which was to be expended on a hospital for the treatment of the sick poor of all denominations. This proposal was submitted to Government shortly before the transmission of Sir Robert Grant's minute to Calcutta, and was noticed in a post-script to the minute, as calculated to facilitate the arrangements for the Medical School. The Court of Directors acceded to the wishes of Sir Jamsetji Jeejeebhoy and the Committees, which were to work out the details of Grant Medical College were also required to consider those of the proposed hospital and to point out the most advantageous way of connecting the two institutions. As a result of this, it was finally decided to build the hospital in close proximity to the Medical College, and to designate it the Jamsetji Jeejeebhoy Hospital. The foundation stone of the hospital building was laid in 1843, and it was completed and opened for the reception of the sick in 1845.

Thus the College and the Hospital having been constructed, teaching began on 1st November 1845, with 12 students. Drs. Charles Moorehead, John Peet and H. Giraud were the first three members of the staff, each in turn occupying the chair of the Principal.

It will be observed, that in Bombay from the very outset the Government and the people were closely associated with each other in establishing hospitals and colleges for providing Medical Education. With the passing of years this healthy tradition has been consistently maintained, and the College area is full of buildings donated by philanthropic citizens as well as by the Government.

*C. Madras :*

In Madras, a Medical school was established in 1827 as already mentioned. It was of the same standard as the original Medical School established in Calcutta in 1822. It was in 1847 that the Madras Medical School was raised to the standard of a Medical College, but its name remained unaltered until 1850. The first batch of students qualified in 1852. In the original staff of the school, the first Superintendent was Surgeon William Mortimer.

#### *D. Further Progress :*

This is briefly the history of the establishment of the three oldest Medical Colleges in India, where the teaching of modern medicine was first started. They were eventually affiliated to their respective Universities. Subsequently King Edward Medical College was established in Lahore in 1860. At the close of the last century, thus, there were only four Medical Colleges, which imparted training of the University standard. Other Colleges of a similar kind which were established later, at intervals, were, King George Medical College, Lucknow (1912), Lady Hardinge Medical College, Delhi (1916), Carmichael Medical College, now known as the R. G. Kar Medical College, Calcutta (1916) and Andhra Medical College, Visakhapatnam (1923).

In 1924 a Medical College was established in Bangalore; and soon after that the Osmania Medical College came into being at Hyderabad (Dn.) where instruction was imparted in Urdu language. The other Colleges were the Prince of Wales Medical College, Patna (1925); Seth Govardhandas Medical College, Bombay (1926); Stanley Medical College, Madras (1938); Medical College, Agra (1939); the Christian Medical College, Vellore (1942), the Glancy Medical College, Amritsar (1943); Orissa Medical College, Cuttack (1944). From 1946 to 1949, 13 more colleges came into being, so that by 1949 the total number of colleges in the country was 30.

The earlier institutions for imparting instruction in Medicine were confined mainly to British India. Amongst the Indian States, Mysore State was the first one to have a University and a Medical School.

Since the onset of Independence, the number of Medical Colleges has increased steadily, so that there are about 58 Medical Colleges in the country now, and their number is likely to increase still further in the near future, as the need for providing more doctors in the country is being acutely felt.

#### *E. Medical Schools :*

The Medical Colleges which imparted training for the M.B.B.S. Degrees were affiliated to Universities. Besides, these, there were many Medical Schools, which provided instructions for the Licentiate Doctor (L.M.P.), which was

a lower qualification than the M.B.B.S. Degrees. Provision also existed for the training of Military Assistant Surgeons, belonging to the Indian Medical Department (I.M.D.) in several institutions in the country. They were mainly employed for service in the Army.

There has been a growing consensus of opinion for some years, that there should be only one grade of Medical qualification in the country and that that should be the University Degree. This implied, that only Medical Colleges, which trained for the M.B.B.S., degrees should function and the Medical Schools should be abolished. The Licentiates themselves demanded this. The matter came to a head, when a Conference was held in Delhi in 1938 under the auspices of the Government of India to consider the matter. I was present at this Conference and have a vivid recollection of the discussions which took place. It was then unanimously agreed, that Medical Schools should be abolished, and that there should be only one basic Medical qualification, which should be of the University standard. Since then, practically all the Medical Schools have been either upgraded to the level of the Medical Colleges or abolished. The first step towards this reform was taken by Government of Madras in 1938 when they ordered, that with effect from that year, there should be no fresh admissions to the Stanley Medical School. Shortly afterwards, this school was converted into a College.

I may say that the Health Survey and Development committee appointed by the Government of India under the Chairmanship of Sir Joseph Bhore in 1943, which submitted its report towards the end of 1945, also strongly advocated, that there should be only one portal of entry into the Medical profession, namely a Doctor well trained in both curative and preventive medicine, educated in Medical Colleges affiliated to Universities. The Committee also recommended, that the standard of training in the existing Medical Colleges, should be raised and that new Colleges to be started should be of an equally high standard.

Thus all the Medical Schools in the country have gradually disappeared. Some of them were raised to the standard of Colleges and some totally abolished.

## II. MEDICAL EDUCATION IN MYSORE STATE.

### *I. Historical Review.*

Medical Education in Mysore State from its initial stages has been closely linked with the University. It may be of interest to have a brief historical review of the Universities and the Medical Teaching Institutions, which have been functioning in the State. There are today two Universities, namely the Mysore University with its headquarters in Mysore City and the Karnatak University with its headquarters at Dharwar. Two Medical Colleges and one Medical School are affiliated to Mysore University and two Medical Colleges to the Karnatak University.

#### *(A) The Mysore University :*

The University of Mysore was established in 1916. It was the first University to be started in an Indian State. Its constitution was based on the ideal of a residential University in a compact area, and it was to be a complete teaching University of the unitary type. The two Colleges in the State namely the Maharaja's College, Mysore, and the Central College, Bangalore, which were formerly affiliated to the Madras University now formed the nuclei of the New Mysore University. Certain amendments were introduced in 1933 and 1939, the effect of which was to make the Senate more representative of public life and to establish an Academic Council responsible for the academic organisation of the University.

From 1st January 1957 the University Act of 1957 has come into force, and the University has now become, like many other Indian Universities, an affiliating type of University with a number of Colleges affiliated to it. Some of the Government Colleges, are, however, still maintained by the University. Consequent on the passing of this Act, the Act of 1933 has been repealed.

The University has grown considerably since its foundation. It now controls 55 Institutions, of which 18 are maintained by it and are constituent part of the University, and 37 are affiliated institutions.

The following Medical Institutions are connected with the Mysore University.

- (i) University Medical School, Bangalore.
- (ii) Medical College, Mysore.
- (iii) Bangalore Medical College, Bangalore.

(i) *University Medical School, Bangalore.*—The University Medical School, Bangalore was started in 1917 under the Principalship of Dr. C. A. Nanjappa. It was under the control of the Senior Surgeon, the administrative head of the Medical Department, Mysore State. The training imparted was for the Diploma of L.M.P., extending over a period of 4 years. The curriculum of studies has remained almost the same up till now. In the beginning, 16 students were admitted every year for the 1st year Class.

When in 1924 a Medical College was started for the M.B.B.S. course, the L.M.P. course was also affiliated to Mysore University. For nearly six years the Medical College and the Medical School were run as a combined institution, the teaching staff being common for both the courses of studies. In 1930 the College was transferred to Mysore. Since then the Medical School has remained in Bangalore. The number of admissions has been gradually increased from 16 to 130 per year.

After the students have passed the final year examination, i.e., at the end of 4th year, they are granted the L.M.P. Diploma by the University at an open convocation held every year. It has been decided to abolish the Medical School in order to have only one standard of Medical Education in Mysore State, namely the University standard. This is in conformity with a general policy adopted in all parts of India. According to Government Order No. E. 21566-8—Uni.—90-55-3, dated 7th March 1956, admissions to the Medical School have been stopped with effect from 1st of April 1956. The existing batch of students will finish its training in the year 1961-62, but the school will have to remain in existence till all the students have passed out from the institution.

Ever since the Medical School was started, 1,961 Licentiates have qualified from it. Almost all of them were absorbed in Government service in earlier years. Later, quite a number of them have gone into private practice both in Mysore State,



as well as outside. Some of them have taken M.B.B.S. Degrees from Mysore, Madras and Calcutta Universities. Facilities are offered by the Mysore University to the Licentiates to qualify for the M.B.B.S. Degrees, and a number of seats are reserved for them in the Mysore Medical College, Mysore.

Now, that the L.M.P. course has been abolished, I should like to pay my tribute to the Licentiates for the excellent work done by them both in Government services as well as in private practice. They have rendered valuable service both in the Civil Department and in the Armed Forces.

(ii) *Medical College, Mysore.*—It was in July 1924, that the Medical College, Mysore, was first opened at Bangalore. Prior to this, students from Mysore State were sent to the Medical Colleges of Bombay, Madras and Calcutta for training. The Mysore Government had to give to the various institutions annually, a heavy subsidy per student for this purpose.

The establishment of a Medical College in Bangalore was suggested by a Committee of the Mysore University, consisting of Dr. H. B. Mylvaganam, F.R.C.S. (Eng.), Dr. S. Subba Rao, B.A., M.B.C.M., L.R.C.P. (Lond.), M.R.C.S. (Eng.), D.P.H., and Dr. B. K. Narayana Rao, B.A., M.B.C.M., L.R.C.P., M.R.C.S., D.P.H., D.O. At the outset, the College was started in conjunction with the Medical School in Bangalore, which had been in existence for seven years previously.

The College was transferred from Bangalore to Mysore in 1930, but the Medical School continued to function in Bangalore. The Superintendent, in charge of Krishna Rajendra Hospital, Mysore, was appointed as part-time Principal of the Medical College. The necessary buildings for the College were constructed in the vicinity of the Krishna Rajendra Hospital, and the number of students admitted was restricted to 30. In 1934 a six month's pre-medical course was started in the College. Only Chemistry was taught in the College, but the other subjects were taught in the Yuvaraja's College.

Further extension to College took place in 1940 and 1941.

In 1946 Dr. B. T. Krishnan, B.A., M.B.B.S., who was formerly Principal, Madras Medical College, was appointed whole-time

Principal of the Medical College, Mysore, to expedite the re-organisation and development of the institution, so that 100 students could be admitted every year. The Anatomy and Physiology Departments were expanded and suitable accommodation was provided for the Histology Department and the examination halls.

Necessary changes were also made in the K. R. Hospital so as to convert it into a suitable teaching institution.

On 20th September 1958, a special function was held at the Medical College, Mysore, to mark the taking over of the College by the Government of Mysore from the Mysore University. Hitherto the College was under the University, while the teaching hospitals were under the Government. The dual control was not considered satisfactory. The Vice-Chancellor, Padmabhushana Dr. K. V. Puttappa was present on the occasion. He recalled that the College was started in the Compound of Victoria Hospital, Bangalore, in a small building with 21 students and was shifted to Mysore in 1930. About 1,200 Graduates had passed out of its portals since its inception. The College was then formally taken over by the Chief Minister, Sri B. D. Jatti on behalf of the Government. The Health Minister, Dr. K. K. Hegde, was also present on the occasion.

(iii) *Bangalore Medical College, Bangalore.*—In 1954 the Mysore Medical Education Society was formed with the object of starting a Medical College in Mysore State. It was decided to locate the College at Bangalore, as this City possessed very good Hospitals suitable for clinical instruction. The Government of Mysore also offered certain facilities for the establishment of the College in its early stage. The Government finally took it over on 20th September 1958 and now it is entirely in their charge.

#### (B) *Karnataka University*

The Government appointed the Karnataka University Committee under the distinguished Chairmanship of Justice Sri N. S. Lokkur in 1947. On the basis of its recommendations, the Karnataka University Bill was drafted, and it was passed by the Bombay Legislature in April 1949. Although at the outset, the Office of the Karnataka University was started in the Office of the Curator of Libraries in Bombay, it was shifted to Dharwar, which is the seat of the University, in the month of October 1949.

As regards the origin of the proposal to start a University in Karnataka, we may refer to the report of the Karnataka University Committee, which contains the following words :

“To understand the intensity of the feeling behind the demand for a Karnatak University, it is essential to remember that, like a few linguistic groups in the country the Kannada people had for a number of centuries, lost their integrated cultural life. The dismemberment of the Kannada region and its dispersal under different administrations aided and aggravated this disintegration and made it doubly difficult for the Kannada people to develop what was yet left of their culture. With the general quickening of the national consciousness towards the end of the 19th Century, the Kannada people naturally also felt the urge to develop their own independent culture. A renaissance movement set in, which took among other things, the form of a demand for higher educational institutions in Karnatak. This demand led to the establishment of the Karnatak College in 1917, fifty-seven years after the establishment of the Deccan College in Poona, and thirty-eight years after the establishment of the Gujarat College at Ahmedabad. This was undoubtedly a step in the right direction ; and yet, the Karnatak College could not, by the very nature of things, be run as a regional institution devoted to the development of Kannada culture. The popular opinion, therefore, only partly satisfied with the establishment of the Karnatak College, insisted upon the need for a Karnatak University”.

The Bombay Presidency Educational Conference of 1917 had accepted the principle underlying the establishment of Regional Universities, and this was accepted in 1920 by the Sadler Commission. It was further endorsed in 1924 by the Setalvad Committee on University Education in Bombay. Although the principle of Regional Universities was accepted, nothing definite was done for sometime to start the University in this area. The movement, however, received an impetus in 1942 after the appointment of the Maharashtra University Committee. The second Conference was held in Dharwar in October, 1943, which chalked out a programme of work for the early establishment of Karnatak University. Ultimately the matter came to a head, when on 28th September 1946, Karnatak

University Day was observed all over Karnatak and a deputation waited on the Hon'ble Chief Minister and Minister of Education in Bombay with a request, that immediate steps be taken to establish the Karnatak University. The Government was very sympathetic, and expressed its readiness to appoint a Committee to work out the details. It was this Committee, known as Karnatak University Committee, whose recommendations were responsible for the establishment of this University. During the last few years, the University has made steady progress.

Two Medical Colleges in the Karnatak area are connected with the Karnatak University :

- (1) The Karnatak Medical College, Hubli,
- (2) Kasturba Medical College, Manipal.

(1) *Karnatak Medical College, Hubli.*—The present Bombay Karnatak area, comprising of the Districts of Dharwar, Bijapur, Belgaum and North Kanara, has been pressing for a Medical College of its own for many decades. The original idea was to start a Medical School in Belgaum. This scheme did not materialise as Sir David Sassoon offered a munificent donation, and induced the then Bombay Government to start a Medical School at Poona on 1st November 1874. Following this, the industrialists of Ahmedabad made contributions and started a Medical School of their own in Ahmedabad. These reasons contributed to the non-starting of a Medical School at Belgaum, towards the close of the 19th Century, though, the people from the four districts, were pressing for a School of their own at Belgaum all the time.

From the beginning of the present Century, efforts were periodically renewed, but World War I came in the way and due to post-war depression, nothing could materialise till the Thirties. Towards implementing the earlier ambition of starting a Medical College in the area, efforts were made by the Chief Minister, Shri B. G. Kher and the Minister for Health, Dr. M. D. D. Gilder, in collaboration with the Municipal Borough at Hubli, and when things were taking a final shape, World War II started and the project was deferred. After the close of the World War II in 1945, the Chief Minister and the Minister for Health in Bombay (Sri B. G. Kher and Dr. M. D. D. Gilder) proposed to start a Medical Education

Centre in Bombay Karnatak area. Negotiations were again started with the Municipal Borough at Hubli, for the chief reason, that the Chitguppi Hospital at Hubli was proposed to be made as a Centre for teaching. The Medical Practitioners in the area were pressing for the starting of a College, and actually they met in Dharwar on 13th July 1947 and unanimously passed a resolution urging the necessity for a Medical College in the Karnatak area of Bombay, preferably at Hubli. As a result of these efforts, the Government of Bombay, in their letter No. 2913—33-H, dated the December 1947, stated that the Government consider "Hubli to be the most suitable place for a Medical College for Karnatak".

Later the Government of Bombay deputed Dr. Vaidya, Special Officer for investigating further, regarding the location of the College. Dr. Vaidya visited Hubli on 8th July 1948 and reported that the area round the Chitguppi Hospital was unsuitable and, therefore, the present site on the Western side of the Travellers' Bangalow was finally selected. The Health Minister from Bombay visited the site on the 11th of February 1949 and finalised the proposals, which were subsequently confirmed by a visit from the Surgeon General with the Government of Bombay. The selection of the site being over, the next step was the acquisition of land and provision of necessary funds for capital expenditure. At this stage, the present Chief Minister of Mysore while in Bombay took great pains to press for the claims, and it was due to his efforts, that the College was proposed to be included in the Second Five-Year Plan. Actually, on the 6th of October 1956, the Government of Bombay decided to start a Medical College at Hubli, and for that purpose, allotted 1½ crores of rupees to meet the immediate demands, by way of compensation for acquisition of land and for capital expenditure on buildings, etc.

With the reorganisation of the States, the scheme for the starting of the College at Hubli remained to be finalised as a *de facto* proposition. However, the erstwhile Bombay Government, at the time of integration gracefully allotted Rs. 50,00,000 to start the College; and not only this, but *de facto* approval to the rough plans and estimates amounting to Rs. 1½ crores was actually conveyed in Bombay Government Resolution No. OMC—2553—Q, dated 6th October 1956.

As projects under the Five-Year Plans have to get subsidy from the Centre, it became incumbent, that the provisional



plans and estimates prepared by the Bombay Government should be seen and approved by the Ministry of Health in New Delhi. These formalities were, however, subsequently gone through and the Foundation stone of the College building was eventually laid on the 19th May 1957. The College started functioning from 6th September 1957.

Government order sanctioning the starting of the Karnatak Medical College under the control of the Mysore Medical Department was conveyed in their Order No. LLH 246 MDA 57, dated 12th August 1957. The College, at present, is affiliated to the Karnatak University, Dharwar. The affiliation now granted is for providing instruction for the first M.B.B.S. up to June 1959. An application for affiliation from June 1959 onwards for first M.B.B.S. and for affiliation for II M.B.B.S. has been submitted and the Karnatak University has also been addressed by the Director of Medical Services to give affiliation on a permanent basis.

(ii) *Kasturba Medical College, Manipal*.—This Medical College is not under the management of Government. As according to the terms of reference, I am to confine my recommendations to the Medical Colleges, which are under the control of Mysore Government, I am not including Kasturba Medical College, Manipal, as a medical institution in my enquiry and report.

### (3) THE MEDICAL COUNCIL OF INDIA.

The oldest Medical Colleges were established in India before the Universities came into being. The three oldest Universities are those of Calcutta, Bombay and Madras, which were established in 1857, and the then existing Medical Colleges were affiliated to them. The number of Universities steadily increased and they looked after the organisation of Medical Education in the Colleges.

2. Between the years 1912 and 1917, Provincial Medical Councils were established in the various provinces (now known as States) in India, whose duty it was to maintain Medical Registers in their respective States, giving the names of registered medical practitioners. They were to satisfy themselves, that the persons holding these degrees and diplomas possessed sufficient knowledge and skill in the practice of Modern

Medicine. They functioned independently of each other at that time. There is a similar Medical Council in Mysore State.

3. The need for a Central Co-ordinating Authority so far as Medical Education was concerned was keenly felt. Accordingly in 1933 the Medical Council Act was passed, on the basis of which, the Medical Council of India was established in 1934, which was empowered to maintain minimum uniform standard of medical education. The first meeting of the Council was held in New Delhi on 9th and 10th March 1934. I was a Founder Member of the Council as well as of its Executive Committee, and have closely followed its work since then. During the last quarter of a century, the Council has had a very wholesome and stimulating influence over the standard and advancement of Medical Education throughout the Country.

4. Prior to the establishment of the Medical Council of India, the General Medical Council of Great Britain was performing the function of maintaining the standard of Medical Education in this country. The manner in which this transmission took place is thus described by Dr. C. S. Patel, the President of the Medical Council of India :

“ Prior to 1920 the General Medical Council had accented for registration the degrees and diplomas of the Universities of Calcutta, Madras, Bombay, Punjab and Allahabad (later Lucknow). With the introduction of the reforms in India, it was felt by the General Medical Council, that medical education in India was deteriorating. The Council addressed a questionnaire to the Indian Universities, whose qualifications were recognised by the Council. From the replies received the Council felt that the teaching of Midwifery, except in Madras, was not of a standard comparable to that prevailing in the United Kingdom. In this connection Sir Norman Walker visited India and later Col. Needham was appointed Inspector of Medical Teaching in the Indian Universities on behalf of the General Medical Council. The Calcutta University did not agree to inspection by an outside authority. As a result of this, the General Medical Council decided to continue to recognise the degrees granted by all the Indian Universities except those of the Calcutta University, whose recognition was withdrawn with effect from 30th November 1924. The recognition was later allowed with effect from May 1928.

“The General Medical Council recognised the medical degrees on the periodical reports of their Inspectors. They were, however, of the view that an All-India Medical Council should be established, with which they could deal directly. The Government of India did not favour this idea and proposed instead the appointment of a whole-time Commissioner of Medical Education. The controversy led to the withdrawal of recognition by the General Medical Council of the Medical Degrees of all the Indian Universities with effect from 1930. This decision of the General Medical Council made it almost imperative to form a Medical Council of India. In June 1930 the Government of India convened a Medical Conference of the representatives of Provincial Governments and Universities, and it was resolved at the Conference, that the establishment of an All-India Medical Council was essential. A Bill called the Indian Medical Council Bill was drafted and introduced in the Central Legislature in September 1932. This Bill was passed in the Autumn Session of the Central Legislature in 1933 and the Indian Medical Council Act No. XXVII of 1933 was brought into force on 1st November 1933. The Medical Council of India was constituted thereunder on 15th February 1934. From time to time amendments have been made in the Act. The Act extended to British India only.”

5. The Medical Council of India has proved a good friend, guide and philosopher to the Universities and Medical Colleges, and has carried out its functions very ably and tactfully by appointing Inspectors and Visitors to the teaching institutions, by issuing recommendations for the courses of study, recommendations for the qualifications and appointment of teachers, standard requirements of a Medical College admitting 100 students and so on. Its advice has been specially helpful to the new Colleges, which are coming up so rapidly now-a-days.

6. The Council has also helped to a great extent in abolishing the Medical Schools, and in having only one standard of Medical Education in the country, namely, the University standard.

7. The Council has been primarily concerned with undergraduate medical education in the country. But during recent years it has paid attention to post-graduate medical education and research.

Both under-graduate and post-graduate education are intimately connected with each other, and stimulation of original research is an essential part of their function. In fact, medical education should be imparted in an atmosphere of research, so that students in their under-graduate days may become research minded, which means, that they should develop a spirit of intellectual curiosity and independent enquiry. The Council has already suggested to the Universities to have a Board of Studies for post-graduate medical education and research.

One of the important features of the new Medical Council Act of 1956 is, that it empowers the Council to look after post-graduate medical education. According to Section 20 (1) of the Act, the Council may prescribe standards of post-graduate medical education for the guidance of Universities. It may advise Universities in the matter of securing uniform standards of post-graduate medical education throughout India, and for this purpose, the Central Government may constitute from among the members of the Council a Post-graduate Medical Education Committee.

8. It is in accordance with the recommendations of the Medical Council of India, that in Mysore State we have to organise medical education, both undergraduate and post-graduate. This means, that all the Medical Colleges and teaching hospitals as well as the Universities of Mysore and Karnataka, to which these Colleges are affiliated, should comply with these recommendations.

#### (4) THE MYSORE MEDICAL COUNCIL.

1. The Mysore Medical Registration Act V of 1931 received the assent of His Highness the Maharaja of Mysore on 28th of December 1931. It extended to the whole of Mysore. Under this Act, the Mysore Medical Council was established. Its main function was 'to provide for the Registration of Medical Practitioners practising the Allopathic system of Medicine, Surgery and Obstetrics in Mysore'. The fact of registration carried with it certain privileges for the Medical practitioners, which were stated to be as follows :

"Section 4 of the Act :

(1) No certificate required by law to be given by a Medical practitioner or officer shall be valid unless signed by a registered practitioner :

(2) Except with the special sanction of Government, no one other than a registered practitioner shall be competent to hold any appointment as Medical Officer of Health, or as physician, surgeon or other Medical Officer in any hospital, asylum, infirmary, dispensary, lying-in-hospital or Sanatorium, where the Allopathic system is practised and which is not supported entirely by voluntary contributions."

2. The qualifications entitling a person to be registered were stated in the schedule to the Act. But the Council exercised discretion in registering qualified practitioners, for section 14 of the Act provided, that ' the Council may refuse to permit the registration of any person who has been convicted of any such offence as implies in the opinion of the Council, a defect of character, or who, after enquiry, at which opportunity has been given to the candidate to be heard in person or by pleader has been held by the Council to have been guilty of infamous conduct in any professional respect '.

A very good Code of Medical Ethics has been published by the Mysore Medical Council for the information and guidance of registered Medical Practitioners. In this, some of the objectionable practices, which lower the dignity of the Medical profession, have been described in detail. These practices should be avoided.

3. According to section 22 of the Act, the Council has power to call on the governing body or authorities of any University Medical College or School, included or desirous of being included in the schedule :

" (a) to furnish such reports, returns or other information as the Council may require to enable it to judge the efficiency of the instruction given therein in Medicine, Surgery and Midwifery ; and

(b) to provide facilities to enable any member of the Council deputed by the Council in this behalf to be present at the examinations held by such University, College or School."

This is a very salutary provision.

4. There are some Notifications in reference to this Act. In the main it is still in force and is now applicable to reorganised Mysore State.



**(5) INTEGRATION OF MYSORE AND KARNATAK UNIVERSITIES.**

In 1958 the Government of Mysore appointed a Committee to consider the need for the integration and unification of the functions and policies of the Karnatak University and the Mysore University in the new State of Mysore. Dr. A. L. Mudaliar, Vice-Chancellor, Madras University was the Chairman of this Committee. The terms of reference to the Committee include certain items which are of interest from the point of view of medical education, such as the question of Colleges and Courses to be administered by the two Universities, and by the Government; the setting up of a Board for the administration of Colleges maintained by Government, and uniform policy in regard to the admission of students to the various courses in the two Universities, etc.

The report of this Committee is important as the Medical Colleges in the State are affiliated to either one or the other of the two Universities. I would like to refer specially to the following suggestions made thereunder and my recommendations regarding the same :—

1. Although it was not necessary to have a complete uniformity between the two Universities in all respects, I agree that it was desirable that in the fundamentals there should not be any great variance, such as for instance in the broad principles to be observed in regard to the constitution of the various University authorities and the powers and functions of such University authorities.

2. In the sphere of post-graduate education, a certain degree of uniformity should be maintained as between the two Universities, while in the courses of studies it may not be possible to have rigid uniformity; considering however that students move freely from one University to the other, it is desirable in framing the regulations for these courses to bear these factors in mind. I agree with this view.

3. As regards the Colleges and Courses to be administered by the two Universities and by the Government, the Committee observes, that the Medical College at Mysore had already been taken over by the Government for management.

The Committee says, that in discussing this very important problem, it took into consideration the well-known views of the University Grants Commission, and the urgent need in the country for developing post-graduate education and research on a large scale. It was felt that it was not desirable for the Universities to load themselves with a good deal of responsibility of directly administering the under-graduate Colleges preparing candidates for the first degree.

I agree with the view of the Committee, that the function of the University should be more and more related to the maintenance of standards at these under-graduate institutions, and the development of the facilities for post-graduate education and research. Thus, the Mysore and Karnatak Universities should concentrate more and more on post-graduate instruction and research.

4. The University Grants Commission, I understand, is prepared to accord sanction for grants of considerable sums of money for non-recurring expenditure for buildings, etc., needed for post-graduate departments, and for a 50 per cent share of the recurrent cost thereof. The facilities offered by the University Grants Commission should be fully utilised. Necessary steps should be taken for this purpose.

In regard to technical and professional education (in which category medical education is included), the Committee suggests, that the State Government should provide for the necessary funds to enable the Colleges and the University to utilise such grants as the Central Government or the University Grants Commission may give. It is understood for instance, that for post-graduate studies in technical and technological institutions, a 100 per cent of grant will be made available for the salaries of the teachers concerned and for other purposes; while in the case of medical institutions, a recent announcement has made it clear, that the Central Ministry of Health would be prepared to pay on a 100 per cent basis the increased salaries required for full-time units being established in certain departments of study. This generous offer is very timely and welcome, and would be very helpful in organising whole-time teaching units in the Medical Colleges.

5. The Committee has referred to the suggestion of the University Grants Commission, that post-graduate departments

be maintained under the auspices of the University in the subjects of Mathematics, Physics, Chemistry, Botany, Zoology and Geology. It is understood, that the Commission has already sanctioned grants for post-graduates departments in Humanities in the University of Mysore.

I would emphasise the need for promoting post-graduate instruction and research in various subjects of the medical curriculum, specially in the pre-clinical subjects, such as Physiology, Bio-Chemistry, Bio-Physics, Human Anatomy and Embryology, including Physical Anthropology, which have not received the attention they deserve, so far. I would also recommend, that facilities should be provided in the Medical Colleges for post-graduate instruction and research in Pathology, including Bacteriology, Pharmacology, Medicine, Surgery, Obstetrics and Gynæcology, Pædiatrics, Ophthalmology, Ear, Nose and Throat Diseases and Radiology.

6. For the promotion of post-graduate studies and research in subjects of the medical curriculum in the Mysore and Karnatak Universities, I recommend that a Special Board known as the Board of Post-graduate studies and Research in Medicine be established in each of these two Universities.

#### (6) RECOMMENDATIONS.

##### I. *Administration of the Medical Colleges*

It is recommended, that the administrative Head of each of the three Colleges should be called the Dean, and that, he should also be in administrative charge of the main teaching hospitals, which are closely associated with the College.

This unified administrative control of the teaching institutions, will be eminently conducive to the promotion of efficiency and discipline. It will also be in keeping with the practice in vogue in the neighbouring States of Madras and Bombay, where the Deans have functioned for some years past; and past experience shows that this system has proved very satisfactory there.

I can say from my personal experience, that unified administrative control of the college and the associated teaching hospitals, such as I have recommended above, is most suited to our conditions here.

The Dean will be purely a whole-time Administrative Officer. He will be fully occupied with administrative duties in the College and the associated hospitals, and will not be burdened with any teaching or professional work. He will not do any private practice.

The Deans in each of the three colleges will be assisted by two Vice-Deans, one on the College side, and the other on the Hospital side. These appointments need not be whole-time, but shall be held by the seniormost Professors in the College and in the Hospital respectively, and for this additional duty the concerned officers may be paid Rs. 150 per month as special pay. These appointments are considered vital. They will assist the Dean in the discharge of his manifold duties and to act for him during his absence.

I strongly recommend, that an appointment, of a Dean as suggested above should be created in each of the three Medical Colleges. While a whole-time Dean is needed for administrative purposes at all times, his services are specially required at the initial stages, when new Medical Colleges are being organised. It is recommended that the pay of the Dean may be fixed in the scale of Rs. 1,000—100—1,400 per mensem and that the age of retirement be fixed as 60.

In regard to the age of retirement, I wish to add, that very often the best can be got out of an officer with mature experience between the ages of 55 and 60 years. In this connection I invite reference to letter No. F. 197—8-5-56—458, dated 17th April 1957 from the Medical Council of India, New Delhi.

*II. In case, this recommendation is accepted by Government, the actual arrangements at the three Medical Colleges will be as follows :—*

1. *Bangalore Medical College.*—At present the Principal of this College is also Superintendent of the Bowring and Lady Curzon Hospital; and he is Professor of Pathology in the College as well.

According to the arrangement proposed, the Dean will be in administrative charge of the Bangalore Medical College as well as the following teaching hospitals associated with it :—

- (a) Victoria Hospital.
- (b) Vani Vilas Hospital.
- (c) Minto Ophthalmic Hospital.

2. *Mysore Medical College*.—At present the Principal of this College is also Professor of Pharmacology.

According to the arrangement proposed, the Dean will be in administrative charge of the Mysore Medical College, as well as the following teaching hospitals associated with it :

(a) Krishnarajendra Hospital, Mysore.

(b) Cheluvamba Hospital, Mysore.

The present Principal as mentioned above, is Professor of Pharmacology ; and as it is extremely difficult to get experienced teachers in this subject, it is recommended that he should continue to hold this Professorial appointment ; and a separate Dean be appointed to hold the administrative charge of the College and the associated hospitals, as recommended.

3. *Karnatak Medical College, Hubli*.—The present Dean at Hubli is Professor of Anatomy. It is difficult to procure experienced teachers in Anatomy. He may, therefore, be continued as Professor of Anatomy, and a separate Dean appointed for the Hubli Medical College and Hospitals.

III. *The College Council*.—It is recommended, that the composition and functions of the College Councils, some of which already exist, may be as follows :—

1. The general administration of the College and teaching hospitals shall be vested in the Dean, aided by a Consultative Body, known as the College Council, consisting of all Professors and Heads of Departments.

2. The Dean shall be *ex-officio* President of the College Council. The Council shall appoint one of its members as Secretary, and he shall hold office for two years and shall be eligible for re-appointment.

3. All correspondence in regard to the business of the College and the Hospitals shall be conducted by the Dean.

4. Except in matters specially referred to it by the Dean, the College Council shall not interfere with the general administration of the College and Hospitals, which is vested in the Dean, acting under the direction of the Director of Medical Services.



5. At the meeting of the College Council, the Dean or in his absence the Senior Professor present shall take the chair. The Chairman shall have a vote on all questions transacted at the meetings; and in the event of opinion being equally divided, he shall have a casting vote.

6. It will be the function of the Council to select candidates for the award of scholarships and freeships in the College.

7. The Council shall be consulted by the Dean in the drawing up of the daily order of lectures and practical classes in the College and the teaching hospitals, as well as the allotment of batches of students for clinical work in various subjects in the hospitals.

8. All notices, orders, etc. relating to the delivery of lectures and other matters connected with the routine of the College shall be signed and issued by the Dean, who shall exercise a general superintendence over the working and internal economy of the College and the associated hospitals.

9. The Dean shall be responsible for the discipline of students in the College and the associated hospitals attached to the College, as well as in the Hostels.

10. All endowments offered to the College and/or the associated teaching hospitals shall be referred by the Dean to the College Council. The recommendation of the Council, shall be forwarded by the Dean to the Director of Medical Services for the final decision of Government.

11. The minutes of all meetings of the College Council shall be forwarded by the Dean to the Director of Medical Services.

12. The Dean shall exercise such other additional functions in the administration of the college and the associated teaching hospitals as may be assigned by the Director of Medical Services from time to time.

IV. While on the subject of appointment of Deans, I would like to suggest, that Professors of Pathology, in the three Colleges, will also collaterally hold the appointment of Pathologist to the teaching hospitals associated with them. They will be in overall charge of the Pathological Services in

the wards as well as the O. P. Departments. This procedure is conducive to proper training of under-graduates.

V. I do appreciate, that in the initial stages there might be difficulties in making the appointment of a whole-time Dean in each of the three Medical Colleges, as recommended by me. But I would earnestly request, that this may be kept in view as the main objective; and may be implemented as soon as circumstances permit.

VI. The Superintendents of the following Hospitals, viz., Krishnarajendra Hospital, Mysore, Bowring and Lady Curzon Hospitals, Victoria Hospital and Vani Vilas Hospitals, Bangalore, have been granted Special pay scale of Rs. 700—1,000 in G. O. No. FI. (B) 14034-14235-Bud-119-56-3, dated 25th January 1957 and the Superintendent, Minto Ophthalmic Hospital in G. O. No. LLH 134 MDA 57, dated 26th March 1959. This pay scale has been sanctioned in view of their additional responsibilities—professional and administrative. As however, with the appointment of Deans they will be divested of the additional administrative responsibility, there may not be enough justification to sanction the Superintendents of Hospitals higher pay scales, but as many of them are due to retire (Superannuation—55 years) in about 2 to 3 years, their scales may be made personal to the present incumbents till their retirement.

(ii) *Staff and teaching arrangements*

In organising the three Government Medical Colleges and the teaching hospitals in Mysore State, in respect of accommodation, staff (both teaching and technical) and equipment, as well as the qualifications of the teaching staff for both under-graduate and post-graduate instruction, we are to be guided by the recommendations of the Medical Council of India, which are contained in the following publications:—

(1) Standard requirements for a Medical College for 100 admissions annually, adopted by the Council on 30th October 1954. This booklet deals with:—

- (a) accommodation in the College and Hospitals,
- (b) staff, teaching and technical personnel,
- (c) equipment for various departments in the College and in the Hospitals.

(2) Recommendations of the Medical Council of India on the qualifications required for appointment of persons to posts of Teachers and visiting Physicians/Surgeons, etc., in Medical Colleges and attached Hospitals for undergraduate and post-graduate teaching, 1954.

I am informed by the Secretary, Medical Council of India, that the present position in regard to the recognition of the M.B.B.S. degrees of the Mysore and Karnatak Universities by the Medical Council of India and General Medical Council of U.K. is as follows :—

M.B.B.S. Degrees granted by the Mysore and Karnatak Universities are recognised by the Medical Council of India. But they are not at present recognised by the General Medical Council of U. K. The inspection in respect of Medical College, Mysore only is being carried out during 1960 by the Inspectors of this Council. The General Medical Council will be approached for the recognition of M.B.B.S. Degrees of Mysore University, after the Council has considered the inspection report, which will be received from the Inspectors in due course.

The inspection of Bangalore Medical College, Bangalore, for its approval by the Medical Council of India, for the M.B.B.S. Degrees of Mysore University, will be carried out during December 1960, when the first batch of students from this College, would appear for the final M.B.B.S. examination of Mysore University.

The General Medical Council, was approached on 6th March, 1959, for the recognition of the M.B.B.S. Degrees of the Karnatak University. The Registrar, General Medical Council, has intimated that the Executive Committee of the Council has postponed consideration of the question of recognition of M.B.B.S. Degrees of Karnatak University, in respect of Kasturba Medical College, Manipal, Mangalore, till they are satisfied that the defects pointed out by the Inspectors of this Council, in their Inspection Reports (November, December 1957) have been rectified.

The inspection of Karnataka Medical College, Hubli, affiliated to Karnataka University, was carried out by the

Council's visitors during November, 1959, but this visit was completed in January, 1960. The Visitors have since submitted their visitation Reports and the same is under consideration. .

It is recommended that the following action may be taken on the Inspectors' report :—

1. All the vacancies in the teaching staff in the three Colleges and associated hospitals should be filled up at an early date. A statement showing the staff as required by the Medical Council of India, along with the existing staff in the three Medical Colleges showing the deficiencies is attached. A comparative statement giving the rates of pay of Medical Officers in Mysore, Madras and Bombay is attached.

2. *Allotment of students for clinical work.*—The division of students of 3rd, 4th and 5th year classes into batches for clinical instruction needs careful consideration. The existing system is not satisfactory. As pointed out by the Inspectors, there should be separate postings for teaching junior students. The students should be given better facilities for instruction in the out-patient department.

The students should also write their case notes carefully on separate sheets, which should be checked by the Physicians and Surgeons concerned.

3. The Clinical Laboratories especially those attached to the Wards in the teaching hospitals need to be better equipped and organised. It is here that the students should carry out the routine laboratory investigations so far as their cases are concerned.

4. The existing space in the teaching hospitals is cramped, owing to overcrowding and there is urgent need for the expansion of the Hospitals. Some action in this respect is being taken.

5. Pædiatrics, as desired by the Inspectors, should be a separate branch with its own qualified staff, ward accommodation and out-patient department.

*Clinical Units.*—Clinical Units should be established in the three Medical Colleges. The general composition of each clinical unit will be as follows:—

|                         |    |    |   |
|-------------------------|----|----|---|
| (a) Professor           | .. | .. | 1 |
| (b) Assistant Professor | .. | .. | 1 |
| (c) Lecturer            | .. | .. | 1 |
| (d) Registrar           | .. | .. | 1 |
| (e) Housemen            | .. | .. | 2 |

*Types of Units.*—There will be three main types of Units :

*Unit "A" : Whole-time Unit.—Composition :*

(a) The head of the Unit will be a Professor, whole-time Government Officer, debarred from private practice.

(b) Assistant Professor, Government Officer, debarred from private practice.

(c) Lecturer, Government Officer, debarred from private practice.

(d) Registrar, whole-time Government Officer, debarred from practice and of the rank of Assistant Surgeon, Gr. 1.

(e) Housemen 2.

*Unit "B" : Composition :*

(a) An Associate Professor, Government Officer, allowed private practice.

(b) An Assistant Associate Professor, Government Officer, allowed private practice.

(c) An Honorary Medical Officer as Lecturer with the rank of an Assistant Surgeon, Gr. I, allowed private practice.

(d) Registrar, whole-time Government Officer, debarred from practice and of the rank of Assistant Surgeon, Gr. I.

(e) Housemen 2.

*Unit "C" : Composition :*

(a) Honorary Associate Professor.

(b) Honorary Associate Assistant Professor.



(c) Lecturer, Government Officer with the rank of an Assistant Surgeon, Grade I, allowed private practice.

(d) Registrar, whole-time Government Officer, debarred from practice with the rank of Assistant Surgeon, Grade I.

(e) Housemen 2.

*Additional units.*—Additional units, when required, should be like unit “C” above, if honorary personnel with requisite qualifications and experience are available. Otherwise their composition will be like that of Unit “B” above, to the extent any particular category of personnel is not available.

The various subjects will have units as given hereunder :

(i) *Medicine.*—There will be at least three units in this subject and they will be of the types of A. B. and C.

(ii) *Surgery.*—There will be at least three units in this subject and they will be of the types of A.B.C. as in Medicine.

(iii) *Midwifery and Gynæcology.*—There will be, three units in this subject and they will be of the types of A.B.C. as in Medicine and Surgery.

(iv) *Ophthalmology.*—There will be two units in this subject of the types B. and C. In addition to the staff recommended above, there will be one Refractionist in each of the two units.

(v) *Orthopædics.*—There will be one unit of B type.

(vi) *Skin and Venereal diseases.*—There will be one unit of the type B. One more unit of type C may be added when necessary.

(vii) *Pædiatrics.*—There will be one unit of the type “B” and a unit of type “C” may be added when necessary.

(viii) *Anæsthesiology.*—There will be one unit of type “A” with six paid Assistant-non-practising Government Officers of the rank of Assistant Surgeon, Grade I. The Unit will also have a complement of six housemen instead

of two. This unit in Anaesthesia, in Bangalore, Mysore and Hubli, will serve as a common unit for all the teaching hospitals in the respective areas.

(ix) *E.N.T. Diseases*.—There will be one unit of type "B" Another unit of type "C" may be added, as considered necessary.

(x) *Pathology including Bacteriology*.—There will be one unit for Pathology and Bacteriology of type "A" and its composition will be as given in para 5 (i) and (ii). The Professor of Pathology will be in overall charge of the whole Department of Pathology and Bacteriology, both in the College and the Hospital.

(xi) *Blood Bank*.—This Department will consist of :—

|                                    |    |   |
|------------------------------------|----|---|
| 1. Blood Bank Officer (whole-time) | .. | 1 |
| 2. Demonstrators                   | .. | 2 |
| 3. Housemen                        | .. | 2 |
| 4. Laboratory Technician           | .. | 1 |
| 5. Laboratory Attendant            | .. | 1 |

(xii) *Dentistry*.—The Department of Dentistry will have one unit of "B" type. One more unit of "C" type may be added when necessary.

(xiii) *Radiology*.—This Department will have unit of "A" type, with this modification that the Department of Radiology in Bangalore will have additional staff, since it is functioning not only as a Diagnostic and therapeutic unit, but also as a teaching unit.

The additional staff will be as follows :—

|                                                                                                                            |    |   |
|----------------------------------------------------------------------------------------------------------------------------|----|---|
| 1. Assistant Radiologists, Government<br>Officers of the rank of Assistant<br>Surgeons Grade I allowed private<br>practice | .. | 4 |
| 2. X-Ray Technicians                                                                                                       | .. | 4 |
| 3. Housemen                                                                                                                | .. | 4 |

(xiv) *Physical Medicine*.—This Department will have a unit of type "A" and will have two Assistants of the rank of Assistant Surgeon Grade I and two Housemen.

NOTES.—(A) *Registrar*.—It will be seen that one whole-time Registrar has been recommended by me under each unit in different clinical subjects. This may kindly be sanctioned, in principle. At this stage, however, there should be one Registrar only under each of the following clinical subjects :—

|                                  |    |   |
|----------------------------------|----|---|
| Medicine                         | .. | 1 |
| Surgery                          | .. | 1 |
| E.N.T. Orthopædics and Dentistry | .. | 1 |
| Midwifery and Gynæcology         | .. | 1 |
| Ophthalmology                    | .. | 1 |
| Skin and Venereal diseases       | .. | 1 |
| Pædiatrics                       | .. | 1 |
| Anæsthesiology                   | .. | 1 |
| Radiology and Physical Medicine  | .. | 1 |

Additional Registrars may be appointed later as required.

(B) In the case of those subjects, where there is more than one unit, the Government may select one of the heads of the Units according to seniority, clinical and teaching experience, as the Head of the Department and Professor in the subject.

My recommendations regarding staff in pre-clinical subjects are as under :—

(a) Department of Human Anatomy :—

|                                                                                      |    |   |
|--------------------------------------------------------------------------------------|----|---|
| 1. Professor and Head of Department, whole-time                                      | .. | 1 |
| 2. Assistant Professor, whole-time                                                   | .. | 1 |
| 3. Lecturer                                                                          | .. | 1 |
| 4. Demonstrators                                                                     | .. | 7 |
| 5. Technical Assistants (Senior 1, Junior 1) including X-Ray Technicians, whole-time | .. | 2 |
| 6. Modeller                                                                          | .. | 1 |
| 7. Store Keeper                                                                      | .. | 1 |
| 8. Laboratory Attendants                                                             | .. | 2 |
| 9. Typist-Clerk                                                                      | .. | 1 |

(b) Department of Physiology (including Histology and Bio-Chemistry) :—

|                                                     |    |   |
|-----------------------------------------------------|----|---|
| 1. Professor and Head of the Department, whole-time | .. | 1 |
|-----------------------------------------------------|----|---|

|                                                            |    |   |
|------------------------------------------------------------|----|---|
| 2. Assistant Professor, whole-time (one for Bio-Chemistry) | .. | 2 |
| 3. Lecturers                                               | .. | 3 |
| 4. Demonstrators                                           | .. | 9 |
| 5. Technicians (Senior 1, Junior 2)                        | .. | 3 |
| 6. Laboratory Attendants                                   | .. | 7 |
| 7. Typist Clerk                                            | .. | 1 |

(c) *Department of Pharmacology :—*

|                                                     |    |   |
|-----------------------------------------------------|----|---|
| 1. Professor and Head of the Department, whole-time | .. | 1 |
| 2. Assistant Professor, whole-time                  | .. | 1 |
| 3. Demonstrators                                    | .. | 4 |
| 4. Technicians (Senior 1, Junior 1)                 | .. | 2 |
| 5. Chemist and Pharmacist                           | .. | 1 |
| 6. Laboratory Attendants                            | .. | 3 |
| 7. Typist Clerk                                     | .. | 1 |

(d) (i) *Department of Pathology including Bacteriology :*

|                                                     |    |    |
|-----------------------------------------------------|----|----|
| 1. Professor and Head of the Department, whole-time | .. | 1  |
| 2. Assistant Professor, whole-time                  | .. | 1  |
| 3. Lecturers                                        | .. | 2  |
| 4. Demonstrators                                    | .. | 10 |
| 5. Technical Assistants                             | .. | 4  |
| 6. Laboratory Attendants                            | .. | 6  |
| 7. Store Keeper                                     | .. | 1  |
| 8. Typist Clerk                                     | .. | 1  |

(ii) *Pathological Laboratories in the Hospital (Out-patients Department and the wards) will be under the Professor of Pathology, and the staff there will be as follows :—*

|                                                         |    |   |
|---------------------------------------------------------|----|---|
| 1. Assistant Professor, whole-time                      | .. | 1 |
| 2. Assistant Professor (honorary as and when available) | .. | 1 |
| 3. Resident Pathologist, whole-time                     | .. | 1 |
| 4. Demonstrators                                        | .. | 2 |
| 5. Housemen                                             | .. | 2 |
| 6. Technicians                                          | .. | 2 |
| 7. Laboratory Attendants                                | .. | 4 |

## (e) Department of Preventive and Social Medicine :—

|                                                    |    |   |
|----------------------------------------------------|----|---|
| 1. Professor and Head of Department,<br>whole-time | .. | 1 |
| 2. Lecturer, whole-time                            | .. | 1 |
| 3. Assistant Professor, part-time                  | .. | 1 |
| 4. Demonstrators, whole-time                       | .. | 2 |
| 5. Epidemiologist <i>cum</i> Bio-statistician      |    | 1 |
| 6. Social Worker                                   | .. | 1 |
| 7. Case Worker                                     | .. | 1 |
| 8. Technician                                      | .. | 1 |
| 9. Laboratory Attenders                            | .. | 2 |

## (f) Department of Forensic Medicine :

|                         |    |   |
|-------------------------|----|---|
| 1. Part-time Professor  | .. | 1 |
| 2. Lecturer, whole-time | .. | 1 |
| 3. Demonstrator         | .. | 1 |
| 4. Technician           | .. | 1 |
| 5. Laboratory Attender  | .. | 1 |

## (g) Department of Chemistry —

The present staff at Bangalore Medical College and Mysore Medical College may continue.

## (h) Department of Photography :—

|                                                                             |    |   |
|-----------------------------------------------------------------------------|----|---|
| 1. An Artist and Photographer, who will<br>help all Departments as required | .. | 1 |
| 2. Attendants                                                               | .. | 2 |

According to present practice, specialists in clinical subjects working in the attached hospitals are appointed as part-time teachers in the Colleges. But they will now be primarily borne on the establishment of the Colleges.

In addition to pay scales already submitted by me in my letter No. GB 46, dated 23rd May 1959, the following two additional pay scales are suggested :—

- (i) Lecturers, without any form of practice  
Rs. 250—25—525 per mensem.
- (ii) Demonstrators, with practice Rs. 300—10—300 per mensem.



I also propose the following honoraria for honorary staff and housemen :—

|                                          | Rs.             |
|------------------------------------------|-----------------|
| 1. Hon. Associate Professor ..           | 150 per mensem. |
| 2. Hon. Assistant Associate Professor .. | 100 „           |
| 3. Hon. Lecturer ..                      | 75 „            |
| 4. Housemen ..                           | 75 „            |

I may mention, that in making these recommendations I have closely followed the recommendations of the Medical Council of India, as adopted by the Council at its meeting held on 30th October 1954. Further, in making the appointments, it is suggested, that the Government will be pleased to follow as far as possible the recommendations regarding qualifications of the staff, as given in the publication of the Medical Council of India (1954) to this effect.

*Residential Accommodation.*—It is recommended, that suitable residential accommodation should be provided for students on duty in the Hospitals including interneers, as well as for the House Physicians and House Surgeons.

Suitable provision should also be made for a Lecture Theatre for clinical instruction, in all teaching hospitals.

*Recruitment of Staff.*—As the question of having adequate staff in all the three Colleges is of paramount importance, it is recommended, that as soon as the terms of service are finally agreed upon, urgent steps may be taken for recruitment. The usual procedure of recruitment through the Public Service Commission would take time. It is, therefore, suggested that recruitment from the open market may be resorted to, if there is no serious objection, as teaching of students cannot, in any event, be made to suffer for want of staff.

2. While on the subject of staff, I would like to submit to Government that, if the requisite personnel with qualifications, and teaching experience is not available in our State, steps may have to be taken to recruit them on an All-India basis ; and if even this method of recruitment is not successful, Government may have to consider approaching International Agencies like W.H.O., T.C.M., UNICEF and Rockefeller Foundation with a view to explore the possibilities of getting men and women with teaching experience from abroad, to staff

our Colleges for a specified period (say five years) on a contract basis. This will have an added advantage of giving an excellent opportunity to train our own men under expert Professors and Teachers from abroad. During the first five years, these officers, if recruited from abroad, will also act as Liaisons between our institutions and their own Home Government, to procure equipment and teaching appliances, in case such a contingency arises.

I may mention, in this connection, that in the Medical College in Trivandrum, they had an officer through W.H.O. who worked as Principal in the earlier years.

3. On the 21st May 1959, the Hon'ble Chief Minister visited this office. He also stressed the urgent necessity of taking immediate steps for recruitment of teaching staff with requisite qualifications and teaching experience, such recruitment to be made both from paid cadre and from among Honorary Medical Officers, if persons from paid cadre are not available immediately. This was suggested by the Hon'ble Chief Minister, as there are some Honorary Medical Officers with post-graduate qualifications available now.

4. I am enclosing three statements, A. B. and C. which give data of the requirements of teaching staff of the Mysore Medical College, Bangalore Medical College and Karnatak Medical College, Hubli, respectively as per I.M.C standards as well as those who have already been appointed and the appointments which are still vacant.

I am also enclosing separately three additional statements D. E. and F. each giving in an abstract form the vacancies in the three Medical Colleges separately, which should be filled up in compliance with the I.M.C. standards.

5. The special academic qualifications and teaching experience required for appointment of persons to posts of teachers and Physicians/Surgeons, etc., in the three Medical Colleges should be according to the recommendations of the Medical Council of India (1954) as far as possible.

6. In Statement G. I am giving comparable data of pay scales obtainable in the three Medical Colleges, also in Madras and Bombay and in the Statement H my recommendations for the new scales of pay on a uniform basis in the three Medical Colleges.

7. I have already given above my views regarding the recruitment policy *viz.*, that persons with adequate teaching experience and post-graduate qualifications should be recruited on an All-India basis and if necessary from overseas, if local talent is not immediately available. Thus every possible effort should be made to get properly qualified persons for the posts.

But if even after making such an effort we are not able to get suitable persons, we would be justified in recruiting persons who do not quite come up to the I.M.C. standards. Such cases should in due course be brought to the notice of the Indian Medical Council.

8. Government may please issue instructions as early as possible for the inclusion of all teaching appointments in the three Medical Colleges into one cadre. It would follow from this, that officers could be transferred from one College to another as required. This will promote efficiency in the teaching institutions.

This unified cadre may be termed as the "*Educational Cadre of the Mysore Medical Service.*" It is suggested, that a Special Deputy may be appointed in the office of the Director of Medical Services for purposes of administration. This officer will also be in charge of education of ancillary services, such as Nursing, Compounding, Technicians, etc.

9. The Officers in the proposed Educational cadre of the Mysore Medical Services will be governed by the rules in force in the M.C.S. Rules except in so far as modification may be necessary, for those who have vacation facilities.

10. In Statements A. B. and C. requirements of technicians, attenders etc., have not been included although I.M.C. regulations stipulated their entertainment also. Their numbers, however, have not been fixed under the I.M.C. regulations, and latitude is given to local authorities to employ them as required.

I may add that some of the vacancies indicated in the Statements A. B. and C. particularly in the Special Departments such as E.N.T., Paediatrics, Anaesthesiology, Orthopaedics, V.D. and Skin and Dentistry have already been filled

by Officers, but their appointments have to be regularised in terms of the Clinical Units as proposed by me. This may please be done at an early date.

11. *Anatomy Act : 1957.*—This Act provides for the supply of unclaimed bodies of dead persons to Hospitals, Medical and Teaching Institutions, for the purpose of Anatomical Examination and dissection and other similar purposes. It received the assent of the Government on 13th of September 1957.

According to Clause 1 (3) of the Act, it has come into force in the South Kanara District. I strongly recommend that this Act should come into force in the entire State of Mysore at an early date and its provisions should be duly enforced.

## STATEMENT A.

STATEMENT SHOWING THE DATE OF REQUIREMENTS OF TEACHING STAFF OF THE MYSORE MEDICAL COLLEGE, MYSORE, AS PER I. M. C. STANDARDS, THOSE WHO HAVE BEEN APPOINTED AND WHO STILL REMAIN TO BE APPOINTED.

| Posts            | Medicine   | Surgery    | Midwifery<br>and<br>Gynaecology | Ophthalmology | Pediatrician |
|------------------|------------|------------|---------------------------------|---------------|--------------|
| 1                | 2          | 3          | 4                               | 5             | 6            |
|                  | * † ‡    ¶ | * † ‡    ¶ | * † ‡    ¶                      | * † ‡    ¶    | * † ‡    ¶   |
| Professor ..     | 3 2 2 - 1  | 3 2 2 - 1  | 3 2 1 1 2                       | 2 1 1 - 1     | 1 - - - 1    |
| Asst. do ..      | 3 2 1 1 2  | 3 2 2 - 1  | 3 - - - 3                       | 2 1 - 1 2     | 1 - - - 1    |
| Lecturer ..      | 3 1 1 - 2  | 3 3 3 -    | 3 2 2 - 1                       | 2 2 1 1 1     | 1 - - - 1    |
| Registrar ..     | 3 - - - 3  | 3 - - - 3  | 3 - - - 3                       | 2 - - - 2     | 1 - - - 1    |
| Housemen ..      | 6 - - - 6  | 6 - - - 6  | 6 - - - 6                       | 4 - - - 4     | 2 - - - 2    |
| Refractionist .. | ..         | ..         | ..                              | 3 - - - 2     | ..           |

| Posts            | E. N. T    | Anaesthesia | Orthopaedics | V. D. & Skin | Dentistry |
|------------------|------------|-------------|--------------|--------------|-----------|
|                  | 7          | 8           | 9            | 10           | 1         |
|                  | * † ‡    ¶ | * † ‡    ¶  | * † ‡    ¶   | * † ‡    ¶   | † ‡       |
| Professor ..     | 1 - - - 1  | 1 - - - 1   | 1 - - - 1    | 1 - - - 1    | 1 - - -   |
| Asst. do ..      | 1 - - - 1  | 1 - - - 1   | 1 - - - 1    | 1 - - - 1    | 1 - - -   |
| Lecturer ..      | 1 - - - 1  | 1 - - - 1   | 1 - - - 1    | 1 - - - 1    | 1 - - -   |
| Registrar ..     | 1 - - - 1  | 1 - - - 1   | 1 - - - 1    | 1 - - - 1    | 1 - - -   |
| Housemen ..      | 2 - - - 2  | 2 - - - 2   | 2 - - - 2    | 2 - - - 2    | 2 - - -   |
| Refractionist .. | ..         | ..          | ..           | ..           | ..        |

\* I. M. C. Standard.

† Sanctioned strength as per G. O.

‡ Actual number appointed till 1st June 1959.

|| Vacancy as per G. O. Sanction.

¶ Vacancy as per I. M. C. requirements i.e. those still to be recruited and appointed.

## STATEMENT B.

STATEMENT SHOWING THE DATA OF REQUIREMENTS OF TEACHING STAFF OF THE BANGALORE MEDICAL COLLEGE, BANGALORE, AS PER I. M. C. RECOMMENDATIONS AND THOSE WHO HAVE BEEN APPOINTED AND WHO STILL REMAIN TO BE APPOINTED.

| Posts            | Medicine   | Surgery    | Midwifery<br>and<br>Gynaecology | Ophthalmology | Pediatrician |
|------------------|------------|------------|---------------------------------|---------------|--------------|
| 1                | 2          | 3          | 4                               | 5             | 6            |
|                  | * † ‡    ¶ | * † ‡    ¶ | * † ‡    ¶                      | * † ‡    ¶    | * † ‡    ¶   |
| Professor ..     | 3 2 1 1 2  | 3 2 2 - 1  | 3 1 1 - 2                       | 2 1 1 - 1     | 1 - - - 1    |
| Asst. do ..      | 3 2 2 - 1  | 3 2 1 1 2  | 3 1 1 - 2                       | 2 - - - 2     | 1 - - - 1    |
| Lecturer ..      | 3 2 2 - 1  | 3 2 2 2 1  | 3 1 1 - 2                       | 2 1 1 - 1     | 1 - - - 1    |
| Registrar ..     | 3 1 1 - 2  | 3 1 1 - 2  | 3 - - - 3                       | 2 - - - 2     | 1 - - - 1    |
| Housemen ..      | 6 - - - 6  | 6 - - - 6  | 6 - - - 6                       | 4 - - - 4     | 2 - - - 2    |
| Refractionist .. | ..         | ..         | ..                              | 2 - - - 2     | ..           |

| Posts            | E. N. T.   | Anaesthesia | Orthopaedics | V. D. & Skin | Dentistry  |
|------------------|------------|-------------|--------------|--------------|------------|
|                  | 7          | 8           | 9            | 10           | 11         |
|                  | * † ‡    ¶ | * † ‡    ¶  | * † ‡    ¶   | * † ‡    ¶   | * † ‡    ¶ |
| Professor ..     | 1 - - - 1  | 1 - - - 1   | 1 - - - 1    | 1 - - - 1    | 1 - - - 1  |
| Asst. do ..      | 1 - - - 1  | 1 - - - 1   | 1 - - - 1    | 1 - - - 1    | 1 - - - 1  |
| Lecturer ..      | 1 - - - 1  | 1 - - - 1   | 1 - - - 1    | 1 - - - 1    | 1 - - - 1  |
| Registrar ..     | 1 - - - 1  | 1 - - - 1   | 1 - - - 1    | 1 - - - 1    | 1 - - - 1  |
| Housemen ..      | 2 - - - 2  | 2 - - - 2   | 2 - - - 2    | 2 - - - 2    | 2 - - - 2  |
| Refractionist .. | ..         | ..          | ..           | ..           | ..         |

\* I. M. C. Standard.

† Sanctioned strength as per G. O.

‡ Actual number appointed till 1st June 1959.

|| Vacancy as per G. O. Sanction.

¶ Vacancy as per I. M. C. requirements i.e. those still to be recruited and appointed.



## STATEMENT C.

STATEMENT SHOWING THE DATA OF REQUIREMENTS OF TEACHING STAFF OF THE KARNATAK MEDICAL COLLEGE, HUBLI, AS PER I. M. C. STANDARDS THOSE WHO HAVE BEEN APPOINTED AND WHO STILL REMAIN TO BE APPOINTED.

| Posts            | Medicine   | Surgery    | Midwifery<br>and<br>Gynaecology | Ophthalmology | Pediatrician |
|------------------|------------|------------|---------------------------------|---------------|--------------|
| 1                | 2          | 3          | 4                               | 5             | 6            |
|                  | * † ‡    ¶ | * † ‡    ¶ | * † ‡    ¶                      | * † ‡    ¶    | * † ‡    ¶   |
| Professor ..     | 3 3 1 2 2  | 3 3 1 2 2  | 3 1 - 1 3                       | 2 - - - 2     | 1 - - - 1    |
| Asst. do ..      | 3 2 - 2 3  | 3 2 - 2 3  | 3 1 - 1 3                       | 2 - - - 2     | 1 - - - 1    |
| Lecturer ..      | 3 - - - 3  | 3 - - - 3  | 3 - - - 3                       | 2 - - - 2     | 1 - - - 1    |
| Registrar ..     | 3 1 - 1 3  | 3 1 - 1 3  | 3 1 - 1 3                       | 2 - - - 2     | 1 - - - 1    |
| Housemen ..      | 6 2 - 2 6  | 6 2 - 2 6  | 6 - - - 6                       | 4 - - - 4     | 2 - - - 2    |
| Refractionist .. | ..         | ..         | ..                              | 2 - - - 2     | ..           |

| Posts            | B. N. T.   | Anaesthesiology | Orthopaedics | V. D. & Skin | Dentistry  |
|------------------|------------|-----------------|--------------|--------------|------------|
|                  | 7          | 8               | 9            | 10           | 11         |
|                  | * † ‡    ¶ | * † ‡    ¶      | * † ‡    ¶   | * † ‡    ¶   | * † ‡    ¶ |
| Professor ..     | 1 - - - 1  | 1 - - - 1       | 1 - - - 1    | 1 - - - 1    | 1 - - - 1  |
| Asst. do ..      | 1 - - - 1  | 1 - - - 1       | 1 - - - 1    | 1 - - - 1    | 1 - - - 1  |
| Lecturer ..      | 1 - - - 1  | 1 - - - 1       | 1 - - - 1    | 1 - - - 1    | 1 - - - 1  |
| Registrar ..     | 1 - - - 1  | 1 - - - 1       | 1 - - - 1    | 1 - - - 1    | 1 - - - 1  |
| Housemen ..      | 2 - - - 2  | 2 - - - 2       | 2 - - - 2    | 2 - - - 2    | 2 - - - 2  |
| Refractionist .. | ..         | ..              | ..           | ..           | ..         |

\* I. M. C. Standard.

† Sanctioned strength as per G. O.

‡ Actual number appointed till 1st June 1959.

|| Vacancy as per G. O. Sanction.

¶ Vacancy as per I. M. C. requirements i.e. those still to be recruited and appointed.

## STATEMENT D.

STATEMENT SHOWING AN ABSTRACT OF THE ACTUAL VACANCIES IN THE  
MYSORE MEDICAL COLLEGE, MYSORE. WHICH NEED TO BE  
FILLED UP TO COMPLY WITH I.M.C. STANDARD.

|                        |    |    |    |
|------------------------|----|----|----|
| 1. Professor           | .  | .. | 11 |
| 2. Assistant Professor | .. | .. | 14 |
| 3. Lecturers           | .. | .. | 10 |
| 4. Registrars          | .. | .. | 17 |
| 5. Housemen            | .. | .. | 34 |
| 6. Refractionists      | .. | .. | 2  |

## STATEMENT E.

STATEMENT SHOWING AN ABSTRACT OF THE ACTUAL VACANCIES IN THE  
BANGALORE MEDICAL COLLEGE, BANGALORE, WHICH NEED  
TO BE FILLED UP TO COMPLY WITH I.M.C STANDARDS.

|                         |    |    |    |
|-------------------------|----|----|----|
| 1. Professors           | .. | .. | 12 |
| 2. Assistant Professors | .. | .. | 13 |
| 3. Lecturers            | .. | .. | 11 |
| 4. Registrars           | .. | .. | 15 |
| 5. Housemen             | .. | .. | 34 |
| 6. Refractionists       | .. | .. | 2  |

## STATEMENT F.

STATEMENT SHOWING AN ABSTRACT OF THE ACTUAL VACANCIES IN THE  
KARNATAK MEDICAL COLLEGE, HUBLI, WHICH NEED TO BE  
FILLED UP TO COMPLY WITH I.M.C. STANDARDS.

|                         |    |    |    |
|-------------------------|----|----|----|
| 1. Professors           | .. | .. | 15 |
| 2. Assistant Professors | .. | .. | 17 |
| 3. Lecturers            | .. | .. | 17 |
| 4. Registrars           | .. | .. | 17 |
| 5. Housemen             | .. | .. | 34 |
| 6. Refractionists       | .. | .. | 2  |

# STATEMENT G.

## SALARIES.

| <i>Sl. No.</i>              | <i>Category</i> | <i>Mysore</i>                                                                                                                             | <i>Madras</i>                                     | <i>Bombay</i>                                |
|-----------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| 1. Professors: Non-Clinical |                 | 700—40—900—50—1,000 and<br>400—25—550—30—700—40—820.                                                                                      | 600—75/2—900                                      | (G.S. Med. College, Bombay)<br>800—50—1,250. |
| Do                          | Clinical        | 550—30—700—40—860 (K.M.C.)<br>Part-time at B.M.C. & M.M.C.<br>on allowance of Rs. 150 P.M.                                                | 500—75/2—800                                      | 800—40—1,000—50—1,250                        |
| 2. Asst. Prof. Non-Clinical |                 | 250—20—350—25—500                                                                                                                         | 150—25/2—400 *<br>(Graduates to start<br>on 200). | 490—35—560—40—800 *<br>Tutors or Assts.      |
| Do                          | Clinical        | Part-time at B.M.C. & M.M.C.<br>Nil at K.M.C.                                                                                             | do                                                | do                                           |
| 3. Lecturers: Non-Clinical  |                 | 200—10—250—20—450<br>250—25—450—30—600 (K.M.C.)                                                                                           | 360—40/2—480—50/2—580                             | 280—20—400—25—475<br>(Readers).              |
| Do                          | Clinical        | Part-time Nil at K.M.C.<br>There is one post of Lecturer<br>in Ophthalmology at Mysore<br>Medical College in the scale<br>of Rs. 200—450. | 310—30/2—400—40/2—480                             | do Tutors                                    |

*Note*:—In Mysore State N.P.A. of Rs. 100—200 is given to Professors.  
Rs. 50—100 is given to Assistant Professors and  
Rs. 50—75 is given to Lecturers.

## STATEMENT H.

PROPOSED SCALE OF PAY IN THE MEDICAL COLLEGES IN  
MYSORE STATE.*Professors and Heads of Departments.*

- |                                                      |                   |
|------------------------------------------------------|-------------------|
| 1. Non-Clinical without any form of practice.        | 700—50—1,200      |
| 2. Clinical whole time without any form of practice. | 700—50—1,200      |
| 3. Clinical but with consulting practice ..          | 550—30—700—40—860 |

*Assistant Professors.*

- |                                                     |                   |
|-----------------------------------------------------|-------------------|
| 1. Non-Clinical without any form of practice        | 350—35—700        |
| 2. Clinical whole-time without any form of practice | 350—35—700        |
| 3. Clinical but with consulting practice            | 250—25—450—30—600 |

## LECTURERS.

Lecturers with consulting practice .. 200—25—450

*Note:—*In the above statement the difference in pay between teachers not allowed private practice and those allowed private practice should be regarded as allowance in lieu of private practice.

## EXISTING SCALE OF PAY.

| Grade                 |     | Mysore                      | Bombay                                                               |
|-----------------------|-----|-----------------------------|----------------------------------------------------------------------|
| Surgeons              | ..  | 550—30—700—<br>40—860.      | 350—30—650—45—<br>1,100 (Revised scale<br>from 1st January<br>1947). |
| Asst. Surgeon Grade I |     | 250—25—450—<br>30—600.      | 220—15—400—20—<br>500—25—650.                                        |
| Do                    | II  | 150—10—300                  | ..                                                                   |
| Do                    | III | 100—5—140—8—<br>180—10—220. | 120—6—180—260—<br>300.                                               |

### III. Arrangements for Training in Preventive and Social Medicine

Preventive Medicine has been taught in Medical Colleges in India for many years, but the introduction of Social Medicine is a comparatively recent development. It is now fully recognized that a man's social and physical environment has to be fully considered in ascertaining the conditions of health and disease. The scope of medicine has become much wider, so that now we include social and economic factors as causative agents of disease. In the words of Professor John A. Ryle, a pioneer in the field of Social Medicine, "the socio-medical survey, that is to say, the combined social and clinical study of community health and sickness, often with special nutritional and economic assessments, and careful sampling and controls" is coming to be accepted as the correct method of approach to such study.

2. Social medicine definitely has prevention of disease as its objective, and the two subjects are thus logically linked together.

3. The Medical Council of India has always stressed, that throughout the whole period of study, the attention of the student should be directed by the teachers to the importance of preventive aspects of disease. The Council now attaches special importance to the subject of Social as well as Preventive Medicine. In this connection, I give the following documents issued by the Council in *Appendix*.—(Medical Council of India).

(a) Proceedings of the meeting of the Sub-Committee appointed by the Medical Council of India to draft syllabus in Social and Preventive Medicine.

(b) Syllabus for the teaching of Preventive and Social Medicine to under-graduate students.

According to the Council, it is essential that the instruction should aim at :

(1) enabling the student to realise the scope, functions and methods of Social Medicine ;

(2) imparting the fundamental principles and outlook in Preventive Medicine ;

(3) teaching the students to recognise and assess the social aspects of diseases and the patient's reaction to his environment ;

(4) informing the students of the contribution of elected authorities, both Central and Local, to Public Health ; and

(5) equipping the students with a practical knowledge but not the detailed technicalities and method of the practice.

The Council specially desires that the attention of the students should be drawn to our local customs and habits, which are detrimental to health. The students come in contact with the living conditions of the people, so that they may know them, and their importance in the causation and spread of disease. This can be done by visits to the houses of the patients with social workers or independently.

4. I have already recommended the following staff for the Department of Preventive and Social Medicine in the Medical Colleges :

|                                               |       |   |
|-----------------------------------------------|-------|---|
| 1. Professor—whole time—Head of Department    | ..    | 1 |
| 2. Lecturer—whole time                        | .. .. | 1 |
| 3. Assistant Professor—part time              | .. .. | 1 |
| 4. Demonstrators—whole time                   | .. .. | 2 |
| 5. Epidemiologist <i>cum</i> Bio-Statistician | .. .. | 1 |
| 6. Social Worker                              | .. .. | 1 |
| 7. Case Worker                                | .. .. | 1 |
| 8. Technician                                 | .. .. | 1 |
| 9. Laboratory Attenders                       | .. .. | 2 |

5. *The Curriculum.*—I have seen the Curriculum in Preventive and social Medicine as drawn up for the three Medical Colleges. It generally conforms with the syllabus laid down by the Medical Council of India and is quite satisfactory.

6. *Rural and Urban Health Units.*—For field training in Preventive and Social Medicine, it is necessary to organise Rural and Urban "Health Units", where this instruction could be given. The need for the field instruction is fully described by Dr. B. N. Lingaraju in the note placed in the Appendix 5 (d). In this connection, it may be said, that



the W.H.O. has laid down the following criteria by way of guidance in organising rural centres for under-graduate instruction :—

(a) A well established out-patient Department, with separate sections for male and female patients, which will be in charge of a man and a woman doctor respectively.

(b) The doctors of the Centre will serve as staff members of the Department of Preventive and Social Medicine of the College in suitable capacity.

(c) The provision of requisite buildings.

(d) The services in the centre should be well established and stabilised before the students go for training.

The position in regard to this in three Medical Colleges is as follows :—

(A) *Bangalore Medical College*.—The Department of Preventive and Social Medicine has been organised in the College and the teaching arrangements provided there are satisfactory.

(i) *Rural Health Unit*.—This is established at Krishnarajapuram, which I visited. It covers a population of about 40,000. It was sanctioned in G. O. No. LLH 308 PHP, dated 24th September 1959 and will soon start functioning. It is intended to be a field training Centre in this subject for the students of Bangalore Medical College. It will also provide internship for three months for students under the new regulations. The staff of the unit consists of :—

|                      |    |    |   |
|----------------------|----|----|---|
| Medical Officer      | .. | .. | 1 |
| Public Health Nurse  | .. | .. | 1 |
| Health Visitor       | .. | .. | 1 |
| Midwives             | .. | .. | 4 |
| Compounder           | .. | .. | 1 |
| Jr. Health Inspector | .. | .. | 1 |
| Peon                 | .. | .. | 1 |

Provision exists for a Driver and Cleaner in case UNICEF gives a vehicle. The staff pattern is the same as for the Government of India types of Primary Health Centre. Some additional staff and buildings will have to be provided.

The first batch of students, who have been admitted under the new regulations, will enter the III M.B.B.S. class in January 1961, and they will start visiting Krishnarajapuram Centre in a regular manner. As these students will complete their final M.B.B.S. in December 1963, the first batch of internees will be residing there in 1964.

The administrative control of the Centre will be under the Public Health Department. The staff of the Preventive and Social Medicine of Bangalore Medical College will visit the Centre for giving instruction to the students, for which all facilities will be provided.

As regards the existing conditions at the Centre at Krishnarajapuram, an Assistant Medical Officer of the Licentiate Cadre is at present in charge. A graduate with D.P.H. qualification will have to be posted there at an early date.

A Lady Medical Graduate with orientation in Public Health or with D.M.C.W. qualification is also to be posted.

The following requirements from the view point of the Medical College have to be fulfilled there :—

(a) A bus for transporting the students to the Centre. This may be sanctioned early.

(b) A Hostel to accommodate 50 Internees will have to be constructed before 1964.

(c) One Medico-social worker and a Health Educator are necessary. These posts may be sanctioned.

(ii) *Urban Health Unit*.—The establishment of Urban health units for the training of under-graduates in social and preventive medicine is also necessary.

I understand that for the Bangalore Medical College, it is proposed, that an urban health Centre may be started in Dasappa Maternity Home near the Town Hall so as to cover a population of 80,000 to 1,00,000. Such an area will include a L. F. Dispensary, three Maternity Homes, and E. S. I. Hospital, a number of Schools and a few industries.

The staff here includes a Deputy Health Officer, and an Assistant Health Officer, both being under the control of the Health

Officer of the Corporation. There is also a lady doctor there, as well as Health Inspectors, Midwives and other service personnel. The Health Museum of the Corporation and the Public Health Laboratory could be further developed.

(B) *The Mysore Medical College.*—The Department of Preventive and Social Medicine has been organised in this College. The Professor of this Department is now the Principal of the College. The teaching arrangements in this subject in the College are satisfactory.

(i) *Rural Health Unit.*—I am informed, that a Primary Health Centre of the Government of India Pattern is to be established at Nanjangud for purposes of field practice and training for students of the Mysore Medical College and pre-registration internees. It is expected, that field demonstrations at the Centre are to be started there under the new scheme from January 1961 and the internship training will commence with the batch of students appearing in the final M.B.B.S. Examination in January 1964. For this purpose adequate staff, buildings and equipment are required, which I hope will be provided soon. It is desirable to include this Centre in the Community Development Block.

The staff should be appointed on the basis of W.H.O. guide lines.

(ii) *Urban Health Unit.*—It is proposed to start an Urban Health Unit at the Sheila White Maternity and Child Health Centre in Mandi Mohalla. A population of about 65,000 could be served there in the contiguous wards of the City, which would include the poorer section of the population. There is a Tuberculosis Clinic as well as a Domiciliary treatment centre, which would prove very useful as part of the field training programme for the students. There are some rice and other mills, a beedi factory, some weaving centres and other cottage industries in this area, as well as some schools and an institution for the deaf and blind.

This centre is run at present by the Gunamba Trust with the aid of the Municipality, the Government, Red Cross Society, etc. It needs to be developed, and for this purpose additional funds and additional staff are needed, as well as an extension of the building.

I recommend, that the Sheila White Centre should be developed, and organised as an Urban Health Unit for the field training of the students of Mysore Medical College in Preventive and Social Medicine. In case the building at present occupied by the Ayurvedic College falls vacant, in the event of that College shifting elsewhere, it seems to me, that it would be very suitable for housing the Urban Health Centre.

I may add, that in organising Rural and Urban Health Units for the training of students of the three Medical Colleges in the subject of Preventive and Social Medicine, we have to keep in view the local conditions existing at each place.

The position in regard to the Department in the Karnatak Medical College, Hubli is as follows :—

(C) *Karnatak Medical College, Hubli*

1. It was on 2nd March 1960, that the Department of Preventive and Social Medicine started functioning with the appointment of the Professor. At present only two posts, namely the Professor and Lecturer, are sanctioned. Proposals for the rest of the staff have been submitted to Government by the College authorities.

2. *The Syllabus.*—The Syllabus in the subject as laid down follows closely the syllabus prescribed by the Medical Council of India.

3. *Teaching arrangements.*—The teaching begins in the pre-clinical years right from the entry of the student. It is to start with the academic year commencing from June 15, 1960. The Professor proposes to give one lecture per week to the first M.B.B.S. students (1½ year's duration), and two lectures as well as practical and demonstration classes per week to the 2nd and 3rd M.B.B.S. students (3 years' duration). The lecture classes will be combined for both II and III M.B.B.S. students. The Professor proposes to utilise every 10th lecture for the purpose of having a group discussion, Seminars or symposia. During the practical classes the students will be introduced to the elementary principles of Public Health Laboratory practice, Statistical methods, Entomology, etc., in addition to demonstrations. It is contemplated to arrange visits of the students to the local water supply plant, sewage refuse disposals, Municipality, National Malaria Eradication Unit, Slaughter House,

etc. The clinical students in their final year will be taken round certain important places to study and discuss problems of Public Health. The places of visit tentatively proposed by the Professor would be Belgaum (Vaccine Institute), Poona (Virus Laboratory and Army Rehabilitation Centre), Bombay (Ary Milk Colony and Pasteurisation Plant) Haffkine Institute, Industrial Area to study industrial medicine and port Health), Hyderabad (Health Museum and Nutrition Laboratory), Madras (King Institute, Guindy, Water supply and sewage disposal, Poonamalee Health Centre), Kolar Gold Fields to study mining sanitation, Bangalore—All India Institute of Mental Health, Indian Institute of Science, Public Health Laboratory, Central Public Health and Medical Administrative set-up at State level and visits to Corporation and Vaccine Institute), Ramanagaram (Health Training Centre and Government of India Family Planning Demonstration, Experimental and research Centre), and Thippagondanahally (water supply plant to Bangalore). The whole itinerary would probably take about 3 weeks and will be covered during Deepavali vacation, without interference with the normal teaching.

(1) *Rural Health Unit*.—An area in Navalgund Taluk of Dharwar District with a population of roughly 56,000 with headquarters at Morab, a village roughly 30 miles from Hubli, is the Health Unit proposed for field studies by the students. It is a Government of India pattern Health Unit with one Physician, four Midwives, one Health Visitor, one Health Inspector, one Pharmacist and the necessary Class IV officials on its staff. At present the Physician has been deputed for orientation training to Ramanagaram.

(2) *Urban Health Unit*.—An Urban Health Unit like the proposed Unit at Dasappa Maternity Home at Bangalore and the Sheila White Maternity and Child Health Centre at Mysore, has not yet been established for the training of the students of Karnatak Medical College for field study at Hubli.

The Professor proposes to allot 10 families to each student as soon as he enters the College. He will be introduced to the family as a Unit of the Society and its importance. The student will gather information at his initial visits on the social, economic, occupational, educational aspects, etc., on a specially designed protocol, and will follow up each family on

all matters pertaining to health and morbidity. The student will have to visit the family at intervals of a month or two depending on transport, etc. A comprehensive campaign for preventive measures against small pox, diphtheria, whooping cough, tetanus, typhoid, etc. along with follow up and treatment of sick people is also contemplated. The Professor has drawn up individual schedules for accurate collection of data and record keeping. These records will be the most valuable material for teaching students and introducing them to a programme of evaluation of data. The Epidemiologist, Sanitary Engineer, Statistician and the Social Workers on the staff proposed would play an important part in undergraduate teaching and training.

*Research and Post Graduate Courses.*—The valuable data collected in the field by students will form an important nucleus for research. They will give important clues and the problems could be defined accurately ; and research and post graduate courses would be drawn up at a later date, after reviewing the situation.

*Library and Journals.*—The Library which is at present very negligible is being steadily built up. Some W.H.O. Publications have arrived and some are to come. Orders for the other important books on the subject as also journals of repute have been placed and are expected to arrive in due course.

### *Recommendations :*

1. In organising instruction in Preventive and Social Medicine in the three Medical Colleges the arrangements proposed by the three Professors are satisfactory and closely follow the recommendations of the Medical Council of India.

In the Colleges, the instruction should consist of lectures, lecture-demonstrations, Seminars, group-discussions, case conferences field visits to the Rural and Urban Health Units and institutions closely related to work connected with curative and Preventive Medicine, patient's homes, laboratory exercises, surveys, clinico-social studies, etc. This work should commence in the pre-clinical period and should continue through the clinical period and pre-registration internship. It should be co-ordinated with other subjects such as Physiology, Bio-



chemistry, Anatomy, Pathology, Obstetrics and Gyneacology, Pædiatrics, Medicine including Preventive Medicine, Surgery, Ophthalmology, etc.

2. It is recommended. that all deficiencies in the staff of this Department in the three Medical Colleges should be filled up at an early date, so that the Professors, who have already been appointed may be able to organize instruction as desired by the Medical Council of India.

3. *Rural Health Units.*—The Government have already sanctioned the establishment of four Rural Health Centres at Nanjangud, Krishnarajapuram, Bajpe and Morab for the training of undergraduates of the Medical Colleges at Mysore, Bangalore, and Mangalore and Hubli respectively, in G. O. No. LLH 308 PHP 57, dated 24th February 1958. On the basis of this the Director of Public Health has sent a letter No. D. 2-FYP. 1272/58-59, dated 21st January 1959, to Government in which he has submitted proposals regarding the staff and buildings required for the three centres. The proposals regarding the staff, which are based on the General Guide Lines for the establishment of such centres as issued by World Health Organisation, are as follows :—

*Main Centres :*

|                                                                                                       |    |   |
|-------------------------------------------------------------------------------------------------------|----|---|
| (1) Medical Officer of Health, Director of Service and Training Activities in the Rural Training Area | .. | 1 |
| (2) Medical Officer (Female)                                                                          | .. | 1 |
| (3) Medical Officer (Male)                                                                            | .. | 1 |
| (4) Sanitary Engineer                                                                                 | .. | 1 |
| (5) Health Educator                                                                                   | .. | 1 |
| (6) Public Health Nurse                                                                               | .. | 1 |
| (7) Health Visitors or Nurse Midwives with Public Health Orientation                                  | .. | 2 |
| (8) Midwives                                                                                          | .. | 3 |
| (9) Health Inspector                                                                                  | .. | 1 |
| (10) Laboratory Technician                                                                            | .. | 1 |
| (11) Compounder                                                                                       | .. | 1 |

Each main Centre will have 3 sub-centres, the staff of each Sub-Centre will be :—

|                                     |    |   |
|-------------------------------------|----|---|
| (1) Medical Officer                 |    | 1 |
| (2) Health Visitor or Nurse Midwife | .. | 1 |
| (3) Health Inspector                | .. | 1 |
| (4) Midwife                         | .. | 1 |

I am in agreement with these proposals. In the letter referred to above, the Director of Public Health has submitted specific proposals as regards staff and buildings required for the Health Centre at Nanjangud for the training of undergraduates of the Mysore Medical College. The proposals in respect of the other Medical Colleges would also be on the same lines.

I have discussed this matter with the Director of Public Health and am convinced that the staff and buildings asked for by him are very essential.

I therefore strongly recommend the proposals submitted by him and hope that the Government would be pleased to approve of them at an early date.

(4) *Urban Health Centre.*—(i) It is proposed to have an Urban Health Centre for the training of students of the Bangalore Medical College at the Dasappa Maternity Home in Bangalore and for the students of the Mysore Medical College at Shaila White Maternity and Child Health Centre in Mandi Mohalla in Mysore.

It is recommended, that after necessary negotiations between the Public Health and Medical Departments as well as the Municipal Corporations of Bangalore and Mysore, arrangements should be made at these centres for the field training in Preventive and Social Medicine. For this purpose the requisite staff, buildings, and equipment should be provided at an early date.

(ii) No arrangements have been made so far for the establishment of an Urban Health Unit for the training of students of Karnatak Medical College, Hubli. It is recommended, that suitable arrangements should be made for establishing such a Unit in Hubli, after necessary consultation between the Hubli Municipality and the Public Health and Medical Departments.

(5) *Internship*.—Arrangements of Internship for students at the pre-registration stage should be made in the Rural Health Centres in Krishnarajapuram, Nanjangud and Morab. Suitable residential accommodation will have to be provided for the Internees students as well as for the staff. In the buildings at the centre, there should be at least one classroom, which should be large enough for teaching purpose.

(6) The Health Centre at Ramanagaram may continue to function as the training centre for the health personnel as at present. I have visited this centre and I would like to express my deep appreciation of the good work which is going on there.

The Ramanagaram Health Centre was started in 1936. It was the earliest Health Centre of its kind in the State. It provides both in-service and pre-service training for all health personnel, namely Medical Officers of Health, Assistant Medical Officers of Health, Public Health Nurses, Midwives and Sanitarians.

Auxiliary Nurse Midwives receive training in Rural Midwifery here. Apart from this, training in family planning for a period of 4 weeks is given here. This is sponsored and financed by the Government of India. In recent years the training facilities here have been extended to other departmental personnel like the village level workers, including social and educational workers, etc. The undergraduates of all the medical colleges in the State visit this Centre as part of their field training in Preventive and Social Medicine. This practice should continue.

(7) Suitable Libraries and Health Museums should be provided in the Medical Colleges for the study of Preventive and Social Medicine.

(iv) *Arrangements for Internships :*

In the regulations for the M.B.B.S. degrees of the University of Mysore, it is laid down as follows :—

“ In order to qualify for the M.B.B.S. degrees every candidate shall, after passing the final M.B.B.S., undergo as an internee, 9 months post-examination training in a recognised hospital, 3 months in the Medical, Surgical and Obstetric Wards each. Every candidate shall also undergo 3 months internship in public health work under an approved Medical

Officer of health. The University of Mysore shall notify from time to time the names of the institutions recognised for the purpose."

2. In order to comply with this University regulation, I recommend :

(a) That suitable arrangements should be made for these internships in the teaching hospitals attached to Medical Colleges as well as in the District and other hospitals, which should be adequately staffed and equipped, in order that they may be recognised by the University for the purpose.

(b) That for three months' internships in public health work under an approved Medical Officer of health, suitable arrangements should be made in the Public Health Department of the State. In the Primary Health Centres situated at convenient distances, arrangements should be made for the interneers to gain practical experience in field work in public health.

(c) That the hospitals recognised for internships should be so developed, that they have teaching units like those in teaching hospitals attached to Medical Colleges in the three major subjects, namely Medicine, Surgery, Obstetrics and Gynaecology.

(d) That it is essential to provide residential accommodation for these candidates, while they are working as interneers, separately for men and women students, with facilities both for lodging and boarding.

(v) *Additions to the existing buildings of the Bangalore Medical College and the Associated Teaching Hospitals :*

(1) In the course of my inspection of the Medical College at Bangalore and associated teaching hospitals, representations were made to me, that there is insufficient accommodation in the College and in the teaching hospitals. I have examined these representations, and as a result of my personal visits, I am convinced that additions and improvements as per details mentioned below are absolutely necessary to modernise the institutions and to afford facilities for sound clinical training of undergraduates.

(2) The existing building programme and requirements of the Bangalore Medical College and the three teaching hospitals,

namely, the Victoria, Vani Vilas and Minto Ophthalmic Hospitals are as follows :—

| <i>The building</i>                                                                                                                                                                                                                                                                                                                       | <i>The cost</i>                                                                                                                                | <i>Present position</i>                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| (A) BANGALORE MEDICAL COLLEGE :—                                                                                                                                                                                                                                                                                                          |                                                                                                                                                |                                                                                                              |
| 1. Extension and addition to Bangalore Medical College Building.                                                                                                                                                                                                                                                                          | 7.9 lakhs (a) Provides for Library cum Exam. Hall.                                                                                             | Sanctioned in G.O. No. LLH 107—MDH 58, dated 12-11 1958 for Rs. 7.9 lakhs; pending execution with the P.W.D. |
|                                                                                                                                                                                                                                                                                                                                           | (b) Buildings for departments of Hygiene, Chemistry, Botany and Zoology.                                                                       |                                                                                                              |
| 2. Extension to Pathological Laboratory, Victoria Hospital.                                                                                                                                                                                                                                                                               | Rs. 2.25 lakhs, full details not available.                                                                                                    | Sanctioned in the above order for Rs. 2.25 lakhs. Work in progress.                                          |
| 3. Hostel for Boys                                                                                                                                                                                                                                                                                                                        | Rs. 2.25 lakhs with ground floor and first floor to accommodate 204 boys.                                                                      | Sanctioned in G.O. No. LLH 147—MDC 58, dated 17-12-1958 for Rs. 2.25 lakhs pending execution with P.W.D.     |
| 4. Hostel for Girls                                                                                                                                                                                                                                                                                                                       | Proposal to build in Vani Vilas Hospital with ground floor and two other floors for 78 girl students Lady internees and Lady Medical Officers. | Plans and estimates awaited from P.W.D.                                                                      |
| 5. The Police Station building when vacated is to be occupied by the College. It will accommodate the Principal's Office, Office block and students' common room. It is recommended, that the Police Station may be handed over to the College at an early date.                                                                          |                                                                                                                                                |                                                                                                              |
| 6. <i>Anatomy Department</i> :—It is proposed to provide accommodation for the Anatomy Department in the adjacent Medical School building, when it is handed over to the College. The Principal has also requested the P.W.D. authorities to prepare a set of comprehensive plans and estimates for additional building for this purpose. |                                                                                                                                                |                                                                                                              |
| In order that the teaching of Anatomy does not suffer, it is recommended that this additional building as required may be made available at an early date.                                                                                                                                                                                |                                                                                                                                                |                                                                                                              |

7. *Physiology Department*:—There is need for an X-Ray Plant for both the Anatomy and Physiology Departments. It is recommended, that space may be provided for it in the proposed additional building for the Anatomy Department, to which reference has been made above. Space for the Physiology Department already exists.

There is need for an Animal House common to the Physiology and Pathology Departments. This may be provided, if possible, in the new Pathology Block, which is under construction in the Victoria Hospital compound. A subsidiary animal house for daily experimental work will also have to be provided in the Physiology Department itself.

*The Building*

*The Cost*

*The present position*

(B) VICTORIA HOSPITAL:—

- |                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                                         |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 1. Building for Dental College.             | To provide teaching facilities for 30 students Rs. 12 lakhs.                                                                                                                                                                                                                                     | Proposals for construction of buildings at a cost of Rs. 12 lakhs is under consideration of Government.                 |
| 2. Electric Laundry.                        | A building has to be constructed at a cost of Rs. 1,75,000 for an electric laundry for which plans, estimates etc., are all ready.                                                                                                                                                               | Administrative sanction for this has been obtained. PWD may be asked to complete the construction as early as possible. |
| 3. Expansion of the Hospital.               | Additional accommodation has to be immediately provided to meet the demands of deserving cases for admission to the Hospital.<br><br>Plans, estimates etc., for the construction of additional wards adjacent to Armugam Ward at a cost of Rs. 5,65,000 have been already prepared and approved. |                                                                                                                         |
| 4. Expansion of out-patient Department.     | Construction of three rooms over the open space on the first floor of the New Out-patients block; one to be used as a waiting room for out-patients and the other two as clinical amphitheatres—one Medical and one Surgical, for clinical demonstrations of out-patient cases.                  |                                                                                                                         |
| 5. Gymnasium                                | Construction of a Gymnasium adjacent to the Physical Therapy Department for rehabilitation of patients.                                                                                                                                                                                          |                                                                                                                         |
| 6. Construction of an administrative Block. | Construction of an Administration Block adjacent to the New and Old-patient Block or in the quadrangle in front of the present offices. is                                                                                                                                                       |                                                                                                                         |



very essential. The present Offices are too small and inadequate, as they cannot even seat the office staff, apart from the space being not available, for filing the records. The Stores are also situated in the same building and there is hardly enough space to keep drugs and other articles. If the New Administrative Block is constructed, the present office could be used for expansion of the Medical Stores and for keeping the records.

7. Water Tanks      The supply of water during the peak hour of the morning to the Pathology and the Out-patients' Block is very unsatisfactory.  
As such, the construction of a main overhead tank at the rear of the Hospital, which has been pending for several years may be expedited. Further, subsidiary water tanks for Pathology and Out-patient Block above the buildings have also to be erected to effect a continuous supply of water.
8. Electric Lifts      Electric lifts should be provided in the New Surgical Block and New Out-patient Block.  
At present there is only one old Electric Lift in the main building, which sometimes goes out of order in spite of repeated repairs. Provision may be made to substitute this by a new Electric Lift.

(C) VANI VILAS HOSPITAL :—

|                                               |                                                                                                                   |                                                                                    |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Construction of a Donation Ward for Children. | A sum of Rs. 50,000 is promised as donation and it is intended to construct a ward of 25 to 30 beds for children. | Plans and estimates awaited from the P.W.D. A donation of Rs. 50,000 is available. |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

*Note :—*A new building for the training of Health Visitors is under construction.

(D) *Minto Ophthalmic Hospital*—

1. *New Out-patient Block*.—A separate out-patient block is under consideration. It should consist of men and women out-patient departments, doctor's rooms, dark room, refraction room, a clinical amphitheatre for demonstration of out-patient cases, a clinical laboratory, a library, a reading room and a museum.

- i. 2. An electric lift for the hospital is urgently needed.

3. In these teaching hospitals certain deficiencies have been noticed and these need to be rectified. They are as follows :—

(a) *Ward Laboratories.*—There is an obvious lack of ward laboratories in these teaching hospitals. These are necessary, as clinical teaching has to go side by side with elementary laboratory examinations for purposes of diagnosis and to watch the progress of cases. The Laboratories should be suitably equipped with microscopes, centrifuge machines, etc.

It is desirable, that each Clinical Unit should have a ward laboratory at its disposal, where the students allotted to that Unit as well as the housemen could work.

I need hardly emphasise, that routine pathological examinations done by the students in the ward Laboratories are an essential part of their clinical instruction.

(b) *Duty Room for Nurses.*—In most cases no suitable duty rooms for nurses are attached to the wards. It is recommended, that with the object of having efficient nursing service in the hospitals, as well as for the training of student nurses, suitable accommodation for duty rooms for the nurses should be provided.

It is to be noted, that these hospitals are training centres, for pupil nurses apart from their function as teaching centres for medical students. The work of pupil nurses could be properly supervised, if provision for nurse's duty room is made as recommended.

(c) *Clinical Lecture Theatres.*—There is noticeable absence of clinical lecture theatres in the teaching hospitals. It is recommended that they should be provided for the clinical instruction of students.

(d) *Residential accommodation.*—There is no suitable provision for the residence of student interneers, or House Surgeons and House Physicians. Apart from this, the Registrars in Medicine, Surgery, Obstetrics and Gynaecology and other subjects, as recommended, as well as the Resident Medical Officer, and some other Medical Officers need residential accommodation.

4. To meet with the above requirements it is suggested, that a block of buildings may be put up in the compound of the Vani Vilas and Minto Ophthalmic Hospitals, consisting of a ground floor and three other floors providing the following accommodation :—

(i) The ground floor will house two clinical lecture theatres for demonstration of cases, an ordinary lecture theatre for systematic lectures (suitably equipped with epidiascope) as well as a museum. It may also include lecture rooms and other facilities for teaching Nurses and Midwives.

(ii) On the First, Second and Third floors the following accommodation may be provided :—

(a) accommodation for officers in the shape of flats, *viz.*, four Registrars and four Resident Medical Officers, and such other Medical Officers as may need accommodation.

(b) Flats, which will provide accommodation for Resident Pathologists and for Duty Medical Officers in various Hospitals. Two or three wings can be used for flats and the remaining portion may be used for providing accommodation for Housemen. The Housemen will, however live in single rooms with a common mess and with a common dining room. About 40 Housemen will have to be given residence.

(c) Accommodation will be needed for interneers, as internship during the last year of training is now obligatory to all students, before the award of degrees by the University. Accommodation should also be provided for about 20 post-graduates.

This accommodation now proposed will serve the needs of the officers, interneers and students.

5. A separate building for lady students, lady interneers, lady house physicians and lady Medical Officers should be provided in the vicinity of the Vani Vilas Hospital, Bangalore.

I would request Government to sanction these proposals so that details can be worked out in consultation with the Public Works Department.

## II Progress of the Karnatak Medical College Project as on 1st January 1960.

This work commenced in February 1958. Its progress is briefly summarised as follows :—

|                                          |    |    | Lakhs. |
|------------------------------------------|----|----|--------|
| Cost of the Project                      | .. | .. | 150.00 |
| Outlay on works so far                   | .. | .. | 92.35  |
| Percentage of progress                   | .. | .. | 61%    |
| Budget provision during the current year | .. | .. | 32.66  |
| Expenditure to end of December 1959      | .. | .. | 39.29  |

### Details of works-wise progress—

#### 1. Name of work : Constructing Administrative block and hospital buildings—

|                                        |    |    |             |
|----------------------------------------|----|----|-------------|
| (a) Estimated cost                     | .. | .. | 52.19       |
| (b) Tendered cost                      | .. | .. | 46.42       |
| (c) Expenditure up to 1st January 1960 | .. | .. | 35.00 *     |
|                                        |    |    | 8.00 †      |
|                                        |    |    | <hr/> 43.00 |

(d) Percentage of progress .. .. 82 %

#### 2. Name of work : Constructing out-patient department and casualty section—

|                                        |    |    |      |
|----------------------------------------|----|----|------|
| (a) Estimated cost                     | .. | .. | 9.17 |
| (b) Tendered cost                      | .. | .. | 8.02 |
| (c) Expenditure up to 1st January 1960 | .. | .. | 4.50 |
| (d) Percentage of progress             | .. | .. | 50 % |

#### 3. Name of work : Constructing Nurses' Quarters—

|                                        |    |    |      |
|----------------------------------------|----|----|------|
| (a) Estimated cost                     | .. | .. | 6.39 |
| (b) Tendered cost                      | .. | .. | 5.77 |
| (c) Expenditure up to 1st January 1960 | .. | .. | 4.05 |
| (d) Percentage of progress             | .. | .. | 78 % |

#### 4. Name of work : Constructing main College Building—

|                                        |    |    |       |
|----------------------------------------|----|----|-------|
| (a) Estimated cost                     | .. | .. | 30.93 |
| (b) Tendered cost                      | .. | .. | 27.19 |
| (c) Expenditure up to 1st January 1960 | .. | .. | 11.00 |
| (d) Percentage of progress             | .. | .. | 35 %  |

\*Works-portion.

†Materials.

## 5. Name of work : Constructing Lady Students' Hostel—

Lakhs.

|                                        |       |      |
|----------------------------------------|-------|------|
| (a) Estimated cost                     | .. .. | 4.46 |
| (b) Tendered cost                      | .. .. | 4.05 |
| (c) Expenditure up to 1st January 1960 | .. .. | 3.50 |
| (d) Percentage of progress             | .. .. | 78 % |

## 7. Name of work : Postmortem and mortuary building—

|                                        |       |      |
|----------------------------------------|-------|------|
| (a) Estimated cost                     | .. .. | 0.72 |
| (b) Tendered cost                      | .. .. | 0.74 |
| (c) Expenditure up to 1st January 1960 | .. .. | 0.35 |
| (d) Percentage of progress             | .. .. | 49 % |

## 8. Name of work : Staff Quarters—

|                                        |       |       |
|----------------------------------------|-------|-------|
| (a) Estimated cost                     | .. .. | 14.00 |
| (b) Tendered cost                      | .. .. | 14.25 |
| (c) Expenditure up to 1st January 1960 | .. .. | 12.05 |
| (d) Percentage of progress             | .. .. | 87 %  |

## 9. Water supply and External Drainage, Roads, Paths and Miscellaneous—

|                                        |       |      |
|----------------------------------------|-------|------|
| (a) Estimated cost                     | .. .. | 7.16 |
| (b) Expenditure up to 1st January 1960 | .. .. | 4.50 |
| (c) Percentage of progress             | .. .. | 4 %  |

## 10. Electrification—

|                                        |       |       |
|----------------------------------------|-------|-------|
| (a) Estimated cost                     | .. .. | 16.00 |
| (b) Expenditure up to 1st January 1960 | .. .. | 3.00  |
| (c) Percentage of progress             | .. .. | 19 %  |

*III Medical College, Mysore.*

The following building programme is recommended for the Mysore Medical College :—

(i) *College area :—*

- (a) Extension of Pharmacology Department.
- (b) New block to house the following Departments :
  - (i) Office.
  - (ii) Preventive and Social Medicine.
  - (iii) Assembly Hall for 1,000 students. It can also be used as an Examination Hall.

- (iv) One Gallery to hold 350 to 400 students with equipment for darkening the hall and projection of films, etc.
- (v) Workshop.
- (vi) Canteen.
- (vii) Students rooms.

(ii) *Hospital area :—*

1. Extension to Pathology Department—two wings to be completed.
2. A hall for clinical Pathology.
3. A new surgical block of 250 beds with four operation theatres.
4. Hostels in the hospital area for interneers and house surgeons (for men and women separately).
5. Additions to Cheluvamba Hospital for accommodating interneers.
6. Out-patient department to be properly enlarged for accommodating increased number of patients.
7. Post-mortem room for the hospitals.

(iii) *Hostels : (for men and women students) :*

- (a) Men's hostel : Additional accommodation to be built in " Biligiri " lawns compound for 120 students.
- (b) Women's hostel : Hostel to be built for 100 students.

This accommodation now proposed will serve the needs of the officers, interneers and students.

I would request Government to sanction these proposals so that details can be worked out in consultation with the Public Works Department.

(vi) *Post-Graduate Medical Education*

In the Section on " Integration of Mysore and Karnatak Universities ", while discussing the Report of the Committee



appointed by the Government of Mysore under the Chairmanship of Dr. A. L. Mudaliar for the integration and unification of the functions and policies of the Mysore and Karnatak Universities in the new State of Mysore, I have already stated, that I agree with the view of the Committee, that so far as the Medical Colleges are concerned, the function of the University should be confined more and more to the maintenance of standards in them, while the development of facilities for post-graduate instruction and research should be their main concern.

Thus, the Universities of Mysore and Karnatak should concentrate their attention more and more on post-graduate medical education and on active pursuit of medical research.

2. The University Grants Commission is, I understand, prepared to accord sanction for grants of considerable sums of money for non-recurring expenditure of for buildings, etc., needed for post-graduate departments, and for a 50 per cent share of the recurrent cost thereof. These facilities should be fully utilised.

3. So far as medical education is concerned, according to a recent announcement, the Central Ministry of Health would be prepared to pay on a 100 per cent basis the increased salaries required for full-time Units being established in certain departments of study. These full-time Units are very essential for the promotion of both under-graduate and post-graduate studies and research. I strongly recommend, that the Government of Mysore should accept this generous offer of the Central Ministry of Health, and organise whole-time teaching Units in the Medical Colleges.

4. Although the urgent need in Mysore State at the present moment is to organise under-graduate medical education in the Medical-Colleges on sound lines, and to raise its standards, I would emphasise, that adequate provision should be made for post-graduate education and research also. The need for promoting post-graduate instruction and research in non-clinical subjects specially, Physiology, Bio-chemistry, Biophysics, Human Anatomy and Embryology, Pharmacology, and Pathology is of paramount importance. These subjects have not so far received the encouragement, which they deserve. This, however, does not mean that clinical subjects, such as

Medicine and Surgery, etc., should be neglected. They too should receive equal attention. Both the under-graduate and post-graduate medical education should be closely linked together.

5. It is recommended, that for the promotion of post-graduate studies and research in the subjects of the Medical curriculum, the Universities of Mysore and Karnatak should each constitute a Special Board known as the *Board of Post-graduate Studies and Research in Medicine*.

6. There is need specially to promote post-graduate medical education in India today, as we find, that there is great deficiency of teachers in our Medical Colleges, which are steadily increasing in number. This deficiency has to be met by training more teachers in different subjects of the medical curriculum. For this purpose, well organised Institutes are required, where graduates could get necessary training for higher Degrees and Diplomas. Post-graduate education is also needed for the supply of specialists for practising various specialities in the outlying areas in the country.

It is gratifying to know, that Government of India intends to finance all post-graduate medical education and research in the Third Five-Year Plan period.

7. It is to be observed, that post-graduate medical education has now come definitely under the purview of the Medical Council of India Act of 1956. The Council is empowered to look after post-graduate medical education for the guidance of Universities. The Council may advise the Universities in the matter of securing uniform standards of post-graduate medical education throughout India. For this purpose, the Central Government may constitute from among the members of the Council a Post-graduate Medical Education Committee, as already mentioned.

Thus, the Indian Medical Council which hitherto, was primarily concerned with under-graduate medical education, is now to look after post-graduate medical education also. This is a step in the right direction. The Council has already suggested to the Universities to have a Board of Studies for post-graduate medical education and research. We should, as I have mentioned above, have such a Board in each of the

Mysore and Karnatak Universities. These University Boards should function in close collaboration with the Post-graduate Medical Education Committee of the Medical Council of India.

The existing standards of post-graduate instruction for different post-graduate medical degrees and diplomas in different Indian Universities vary a good deal. It will be a great step forward, if they are made to conform to certain basic standards.

8. It is necessary, that the teachers in Post-graduate Institutes and Medical Colleges, who are entrusted with the task of imparting post-graduate instruction, should be well qualified and experienced in teaching. They should be full-time officers. They should be adequately remunerated both as regards pay and pension. They should devote all their time to teaching and research.

9. Bangalore, in my opinion, is very suitable for establishing a Post-graduate Medical Institute, as envisaged by the Central Government, for we already have here the All-India Institute of Mental Health as well as the Indian Institute of Science, the Raman Research Institute and the Bangalore Medical College. I recommend, that a post-graduate Medical Institute be established in connection with the Bowring and Lady Curzon Hospitals. The ample clinical material there should be utilised for the teaching of Medicine, Surgery, Obstetrics and Gynaecology, Ophthalmology and E.N.T. Diseases. The Department of Pathology is already well equipped, but it could be further developed for higher instruction. The Bowring and Lady Curzon Hospitals and the Post-graduate Institute, which, I have proposed, will all have to be suitably staffed and equipped.

10. Certain departments of the Bangalore and Mysore Medical Colleges, such as Physiology, Anatomy and Pharmacology should be upgraded for post-graduate instruction.

11. The financial assistance offered by the Central Government as well as the University Grants Commission should be accepted by the Mysore Government and the necessary schemes should be prepared early for this purpose. Pending the development of necessary post-graduate facilities in Mysore State, as suggested above, I recommend that in order to supply the increased number of teachers and specialists urgently needed

in our medical institutions, Government of Mysore should take full advantage of (a) the upgraded departments in other parts of India for obtaining the necessary post-graduate training for our graduates, and (b) the facilities offered by the Government of India for the training of teachers and specialists abroad under various International programmes, namely the Rockefeller Foundation, W.H.O., Technical Assistance Programme of the U.S.A., and the Colombo Plan.

12. Post-graduates are required not only in the Medical Colleges as Teachers but also as Specialists to work in the District Hospitals. According to the recommendations of the Government of India for developing District Hospitals, it is necessary to have staff with post-graduate training at District Hospitals.

At each District Hospital the minimum specialist staff will be :—

|                                |       |    |   |
|--------------------------------|-------|----|---|
| Physician                      | ..    | .. | 1 |
| Surgeon                        | ..    | .. | 1 |
| Paediatrician                  | ..    | .. | 1 |
| Obstetrician and Gynaecologist |       | .. | 1 |
| Radiologist                    | ..    | .. | 1 |
| Pathologist and Bacteriologist | ..    | .. | 1 |
| Eye and E.N.T. Specialist      | ..    | .. | 1 |
| Dentist                        | ..    | .. | 1 |
| Public Health Officer          | ..    | .. | 1 |
|                                |       |    | — |
|                                | Total | .. | 9 |
|                                |       |    | — |

For the 19 Districts, the number of specialists required will be  $19 \times 9 = 171$ . Including leave reserve, etc., the number required will be approximately 200.

So far as the requirements of teachers in the Medical Colleges are concerned, I have already made my recommendations under Clinical Units.

(vii) *The All India Institute of Mental Health and Mental Hospital :*

*Administration.*—I have discussed the question of administration of All-India Institute of Mental Health and the Mental Hospital with the Director of Medical Services.

The All India Institute of Mental Health, was established by the Government of India in the premises of the Mental Hospital, Bangalore in 1954, and Dr. M. V. Govindaswamy was appointed as the First Director of the Institute and *Ex-Officio* Superintendent of the Mental Hospital. Prior to this, he had held the post of Superintendent of the Mental Hospital since 1935.

As is well known, the All-India Institute of Mental Health is maintained by the Central Government, while the Mental Hospital is maintained by the Mysore State.

Dr. M. V. Govindaswamy, as the Director of the All-India Institute comes under the jurisdiction of the Ministry of Health, Government of India, while as *Ex-Officio* Superintendent of the Hospital, he comes under the Government of Mysore. Thus, although the Institute and the Hospital are under the control of one Officer, the Officer himself is under the dual control of the two Governments, *viz.*, the Central Government and the Mysore Government. This position is not quite satisfactory, from the administrative point of view. There are three alternative solutions of this problem:—

(a) Either the Institute and the Mental Hospital should be placed under the administrative control of the Government of Mysore, with the proviso, that the Central Government would give a grant to the Mysore State Government for the maintenance of the Institute, such grant not being less than the amount now being spent on the All-India Institute of Mental Health from Central funds; OR

(b) that the Hospital and Institute should both be placed under the control of the Central Government, the Mysore Government giving a grant to the Central Government for the maintenance of the Hospital, to the extent now being spent from State funds for that purpose; OR

(c) that the Institute should continue to be administered by the Central Government with its Director under the Ministry of Health, Government of India as at present; and the Mental Hospital be placed under a separate Superintendent, who will be under the administrative control of Mysore Government only. The upgraded All-India Institute of Mental Health will continue to work on post-graduate education and research as at present, but the clinical material for

this purpose, which is available in abundance in the Mental Hospital, will be placed at the disposal of the Director.

In this connection, it has to be noted, that the Director at present draws his salary from the Central Government, while for duties as *ex-officio* Superintendent of the Mental Hospital he receives no salary whatsoever from the Mysore State. I have considered the matter from all aspects, and it seems to me, that the last solution, namely (c) is advisable and may be adopted.

If the proposal (b) is accepted, it would mean the entire staff of the Mental Hospital will have to be borne on Central Cadre and transfers, as hitherto, from staff on the pay rolls of the State Government would not be feasible. The control of the staff, their leave, appointment, etc., will be operated from Delhi and in working, this may not be a feasible and a good solution.

It is, therefore, recommended that a separate officer may be appointed as Superintendent of the Mental Hospital, Bangalore, who will be under the administrative control of Mysore State and will thus come under the Director of Medical Services, while the All-India Institute of Mental Health will remain under the Central Government. There should however, be full co-operation between the Institute and the Hospital, and for this purpose, I recommend that an Advisory Council may be appointed, on which both the Institute and the Hospital will be suitably represented.

I may mention, that Dr. M. V. Govindaswamy, has done very good work while holding the combined post of Director of All India Institute of Mental Health and *ex-officio* Superintendent of the Mental Hospital. Both the Institute and the Hospital are steadily expanding and there is considerable increase in teaching work. In the interests of the Institute, which has an All-India standing, it is desirable that the Director should get more time and leisure to devote himself to the work of the Institute, namely, teaching and research. The appointment of a separate Superintendent for the Hospital under the circumstances will be of material help in this direction, and will release him from routine administrative duties of Superintendent of the Mental Hospital.



2. I enclose a copy of letter No. HOSP—GENL—54, dated 13th June 1959, (appendix)—received from the Superintendent of All-India Institute of Mental Health, Bangalore, which was originally addressed by him to the Director of Medical Services. The proposition statement in regard to additional staff, required for the Mental Hospital, on a phased basis, as sent by him, is also submitted.

I have visited the All-India Institute of Mental Health and Mental Hospital, Bangalore, twice, and I have discussed with Dr. Govindaswami, the Director of the Institute and the *Ex-Officio* Superintendent of the Hospital, the proposals contained in his letter. I have discussed them with the Director of Medical Services also. I entirely agree with the proposals submitted by the Director of the Institute, and the *Ex-officio* Superintendent of the Mental Hospital, and I recommend that the Government may be pleased to issue early orders regarding their implementation.

(viii) *Training in History of Medicine and Medical Ethics :*

(a) *History of Medicine.*—In considering the question of Medical Education, I cannot help referring to the need for the study of History of Medicine. This subject has not received the attention, which it deserves. It is really a vital part of medical education, both under-graduate and post-graduate.

India enjoys a great heritage in this field, as in many other spheres of learning. Medicine has been practised in India from times immemorial. The system which is indigenous to the soil is the Ayurvedic, which made important contributions to medicine and surgery. Subsequently, with the advent of Muslims from the Central Asia and Persia, the Greeko-Arabian system, known as the 'Unani' system, was introduced. Ayurvedic and Unani systems were taught and practised in India, when it came in contact with the nations of the West from the 16th and 17th Centuries onwards.

Modern medicine has grown out of the old Greeko-Roman Medicine, which in its turn was influenced by Ayurvedic Medicine in India, as well as medicine in Egypt and Mesopotamia. It has developed specially since the days of the renaissance in Europe, so that the tremendous progress which is to be noticed today dates back to only about 300 years ago.

In order to get a correct perception of the development of any field of human culture, a survey of its historical growth is essential. This is all the more necessary in the case of Medicine, if we are to appreciate fully its present status and seek some guidance as to its future line of progress. In my address on the Evolution of Medicine before the Joint Conference of the Association of Physicians of India, the Cardiological Society of India, the Association of Paediatricians of India and the Neurological Society of India at Trivandrum in 1958, I made an earnest appeal for the study of History of Medicine in our country. I said that the task before us was to integrate the old learning with the new science. Evaluation of past medical knowledge in the light of modern Scientific methods was very essential and was bound to yield good results. For this purpose a knowledge of the History of Medicine is essential.

I do sincerely hope, that adequate provisions will be made in our educational institutions for the study of this subject. It will give us an idea how medicine has evolved in our country. It will give us pride in our past achievements. It will widen our mental horizon. It will help to accelerate the progress of medicine in our country on scientific lines. It will be a suitable contribution to liberal education imparted in our Universities. It will help to break down barriers which artificially divide medicine into different 'systems' in our country. It will bring home to us the truth, that medicine is a universal science, that it knows no barriers whatsoever, either geographical, religious or lingual. It will emphasize the unity of medicine and its essentially humanistic ideals.

I, therefore, strongly recommend that arrangements should be made for the study of History of Medicine in all the Medical Colleges in Mysore State. A Department of History of Medicine with a good library should be provided at each place. A good museum of History of Medicine may be established in Bangalore.

(b) *Medical Ethics*:—In order to understand the true significance and need for the study of medical ethics, again a study of history of medicine is essential. It will help us to appreciate and absorb from its ancient records the high standard of Medical Ethics laid down by the early pioneers.

It will help us to respect the sanctity and the dignity of our calling. It will impress upon us the noble traditions, which have been handed down to us from the past.

Medicine in India had reached a very high stage of development in the old days. Its influence was not confined to India alone, but spread also to other countries in Asia, including Persia, Ceylon, South East Asia as well as Greece. Charak and Susriuta, who are considered the highest authorities in Ayurvedic Medicine had propounded very high ethical principles for the guidance of medical men. These principles even influenced the out-look of medical men in Greece. The famous oath of Hippocrates, the celebrated Greek Physician, which has guided the medical profession all the world over for nearly 25 centuries and still continues to do so, has much in common with the ideals laid down in the oaths of Initiation and of Convocation or Samavartna ceremony of our ancient Ayurveda. There is no doubt, that the Hippocratic oath represents the combined wisdom of both India and Greece.

The subject of medical education is closely linked with that of medical ethics. I strongly recommend that throughout the entire course of training, the teachers should impress upon the minds of the students the need for the observance of the highest ethical principles in the practice of medicine. As a guide to the Medical Profession, the Medical Council of India and the Mysore Medical Council have laid down Codes of Medical Ethics, which should be strictly followed. They are reproduced in the Appendix.

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## CHAPTER II

## TRAINING OF TECHNICAL PERSONNEL

1. Nurses and Midwives.
2. Health Visitors.
3. Radiographers and X-Ray Technicians.
4. Laboratory Technicians.
5. Compounders.

## (1) TRAINING OF NURSES AND MIDWIVES.

Nurses are required in increasing numbers in the country to care for the sick, to carry out health measures, and for health education of the people. Their functions are much wider than merely to give bedside care and to carry out the treatment prescribed by the doctors in charge of the cases in Hospitals and in private practice. In the community she has an important role to play as an essential member of the staff in the clinics, Primary and Secondary Health Centres, maternity and child welfare centres, as well as in the control of communicable diseases, the improvement of sanitation and nutrition. In all health work, she is an important member of the health team. She comes in intimate contact with the patient and his family, and in all health activities, she is looked upon as a health teacher.

*Nurses.*—The position as regards Nurses in Mysore State is as follows :—

|                                                                                         |    |       |
|-----------------------------------------------------------------------------------------|----|-------|
| I. Total number of nurses employed in the State                                         | .. | 739   |
| II. Total number of student Nurses under training                                       | .. | 383   |
| III. Sanctioned number of post of Nurses                                                | .. | 860   |
| IV. Estimated requirement of nurses for existing beds in the ratio of 1 nurse to 5 beds | .. | 3,000 |

In addition, nurses with public health training are required for primary health centres. Nurses with higher training in

administration and teaching are required for certain posts namely, Pædiatric Nursing, Public Health Nursing, Supervisor and Sister Tutors for training schools for nurses and midwives.

V. *Scales of Pay*.—The existing scales of pay are as follows:—

- |                                             |    |                                                                                          |
|---------------------------------------------|----|------------------------------------------------------------------------------------------|
| (i) Student Nurses                          | .. | Rs. 30 per month as stipend<br>30 per month as D.A.<br>10 per month as Uniform allowance |
|                                             |    | <hr/> Rs. 70 per month.                                                                  |
| (ii) Staff Nurses                           | .. | Scale Rs. 75-5-90-6-150-10-180.<br>plus Rs. 24 R.U. Allowance per month.                 |
| (iii) Nursing Superintendent Grade II.      | .. | Scale Rs. 125-5-150-10-250 plus Ration and Uniform Allowance Rs. 35 per month.           |
| Sister Tutors<br>Operation Theatre Sisters. | }  |                                                                                          |
| (iv) Nursing Superintendent Gr. I           | .. | Scale Rs. 250-10-350 plus Rs. 45 per month as Ration and Uniform Allowance.              |

*Midwives*.—The position as regards Midwives in Mysore State is as follows:—

- I. Total number of midwives employed in the State .. 503
- II. Total number of student midwives under training .. 90 *plus* about 15 non-stipendiary.
- III. Sanctioned number of posts of midwives .. 528
- IV Midwives are required to staff the Primary Health Centres and Midwifery institutions in rural and semi-urban areas. Nurses with midwifery training are required to staff large teaching hospitals. It is estimated that at least 1,000 midwives are

required for maternity hospitals and a still larger number for primary health centres.

V: *Scales of pay.*—The existing scales are as follows :—

- |                      |    |                                                       |
|----------------------|----|-------------------------------------------------------|
| (i) Student midwives | .. | Rs. 45 per month plus                                 |
|                      | .. | Rs. 10 Uniform allowance                              |
| (ii) Midwives        | .. | Rs 40-2-60 plus Uniform allowance of Rs. 10 per month |

VI. The Training Institutions and the number of student midwives under training in each (Stipendiaries) are as follows :—

|                                                    |    |    |
|----------------------------------------------------|----|----|
| 1. Vani Vilas Hospital, Bangalore                  | .. | 6  |
| 2 Cheluvamba Hospital, Mysore                      | .. | 6  |
| 3. Lady Goschen Hospital, Mangalore                | .. | 10 |
| 4. McGann Hospital, Shimoga                        | .. | 6  |
| 5. District Hospital, Chitradurga                  | .. | 6  |
| 6. Govt. Hospital for women and Children, Bellary. | .. | 6  |
| 7. Civil Hospital, Dharwar                         | .. | 10 |
| 8. Civil Hospital, Belgaum                         | .. | 6  |
| 9. Civil Hospital, Bijapur                         | .. | 6  |
| 10. Civil Hospital, Raichur                        | .. | 6  |
| 11. Civil Hospital, Gulbarga                       | .. | 6  |
| 12. Civil Hospital, Virajpet                       | .. | 6  |
| 13. Maternity Hospital at Kolar Gold Fields        | .. | 5  |
| 14. Civil Hospital, Karwar                         | .. | 5  |
| Total                                              |    | 90 |

#### RECOMMENDATIONS

There is a great shortage of trained nurses in Mysore State. Most of the hospitals are overcrowded with excess of patients and the existing Nursing staff find it difficult to cope effectively with the heavy work, which faces them. The nurses should be employed at the rate of one nurse for five beds in all Government hospitals, plus a leave reserve at the rate of 10 per cent of the total number of nurses thus appointed. I, therefore, recommend, that urgent steps should be taken to increase the number of nurses under training. The Central Government, I understand, would be willing to give adequate financial help to the State for this purpose. This should facilitate the programme for the expansion of the Nursing Services.



2. It is gratifying, that Government have recently sanctioned the post of Superintendent of Nursing Services (Assistant Director of Medical Services—Nursing) in the scale of Rs. 250-25-450-30-600 per month according to G. O. No. LLH 422, dated 24th September 1958. This step will go a long way in the organisation and administration of Nursing services in the State and in the training of all categories of nurses. I trust, the officer to be appointed, will undertake her duties at an early date.

3. I find, that the training of Nurses is under the Director of Medical Services, while the training of auxiliary nurse midwives is under the Director of Public Health. It is advisable, that the training of all categories of Nurses should be placed under the administrative control of one Department. Such dual control should be avoided.

4. I have already recommended, that so far as the Bangalore Medical College is concerned, the Victoria Hospital and Vani Vilas Hospital should be treated as one Unit for the instruction of Medical students. I recommend, that for the training of Nurses also, these hospitals should be treated as one unit.

5. So far as the Mysore Medical College is concerned I have recommended, that the K.R. Hospital and the Cheluvamba Hospital should be treated as one Unit for the training of medical students. I recommend, that for the training of Nurses also, they should be treated as one unit.

6. There are at present nine training schools in the State of Mysore, which are imparting training in General Sick Nursing and Midwifery to lady and men candidates for a period of 3½ years. The training schools and the sanctioned strength of each are as shown below :—

| <i>Sl. No.</i> | <i>Name of the Institution</i>               | <i>Sanctioned strength</i> |
|----------------|----------------------------------------------|----------------------------|
| 1.             | Victoria Hospital, Bangalore                 | .. 58                      |
| 2.             | Bowring and Lady Curzon Hospitals, Bangalore | .. 57                      |
| 3.             | K. R. Hospital, Mysore                       | .. 49                      |
| 4.             | Govt. Headquarters Hospital, Mangalore       | .. 85                      |
| 5.             | Civil Hospital, Bijapur                      | .. 20                      |
| 6.             | Civil Hospital, Dharwar                      | .. 13                      |
| 7.             | Civil Hospital, Belgaum                      | .. 25                      |
| 8.             | Karnatak Medical College Hospital, Hubli     | .. 20                      |
| 9.             | Civil Hospital, Coorg                        | .. 20                      |

In addition to the above, training schools are sanctioned at the District Hospitals at Gulbarga, Bellary and Tumkur, which are not yet started. I recommend, that training schools should be started in these centres as early as possible and in the course of the next three years, they should be established in all the other district hospitals also, so that the students under training would meet the nursing requirements of the State fully.

7. I recommend, that immediate steps be taken for the training of additional nurses at the following hospitals according to the numbers given below. It is also suggested, that each of the larger hospitals attached to medical Colleges should gradually increase the annual admissions of student nurses and midwives.

| <i>Sl. No.</i> | <i>Name of the Hospital</i>               | <i>Additional admissions proposed</i> |
|----------------|-------------------------------------------|---------------------------------------|
| 1.             | Victoria Hospital, Bangalore ..           | 42                                    |
| 2.             | Bowring and Lady Curzon Hospitals ..      | 13                                    |
| 3.             | Krishnarajendra Hospital, Mysore ..       | 26                                    |
| 4.             | Govt. Headquarters Hospital, Mangalore .. | 15                                    |
| 5.             | Civil Hospital, Bijapur ..                | 10                                    |
| 6.             | Civil Hospital, Belgaum ..                | 25                                    |
| 7.             | Civil Hospital, Dharwar ..                | 17                                    |
| 8.             | Karnatak Medical College Hospital, Hubli  | 20                                    |
| 9.             | Civil Hospital, Coorg ..                  | 10                                    |

8. For the suitable training of Nurses, it is necessary to have an adequate staff of Sister Tutors. There is a great shortage of Sister Tutors at present.

According to Government Order No. LLH 212 PHP 57, dated Bangalore, 20th June 1959, sanction has been accorded to the proposal according to which UNICEF have granted 8 fellowships for the training of 'Sister Tutors', 4 candidates are to be trained in the Government Hospital, Madras and 4 in the College of Nursing, New Delhi, during the session commencing from 1st July 1959. The period of training will be 10 months.

Some Nurses have been sent for this training to Madras and New Delhi. When they return after receiving training

as Sister Tutors, they will fill a long felt need, and will make a substantial contribution to the training of Nurses in Mysore State.

I would like to point out, that there are no suitably trained Midwifery Tutors in the State at present. Sufficient number of Sister Tutors should be trained so as to provide trained Midwifery Tutors in all the training schools for midwives.

9. There is a great shortage of hostel accommodation for student-nurses and midwives. Immediate steps should be taken to provide adequate hostels for nurses and midwives—at all the hospitals.

All nurses should be supplied with rent-free residential quarters, and they should all be required to stay there. They should all join the Nurses' Mess, where such facilities are available. In exceptional cases, a nurse may be allowed to live out of the mess with the special permission of the Superintendent of Nursing Services.

10. The Bowring and Lady Curzon Hospitals in Bangalore are recognised for the integration of Public Health Nursing with the basic nursing course, but their integration has not yet taken place. Immediate suitable steps should be taken for this purpose.

11. At the St. Martha's Hospital, Bangalore, a new maternity block is under construction. This hospital is already a training centre for nurses. Its training programme should be extended by taking 50 more student nurses.

12. The Nursing students here have to execute a bond by which they have to complete their training and render service afterwards.

The bond has to be signed by two persons as sureties, who own property in the State. I understand, that a number of nursing candidates, especially auxiliary Nurse-Midwife find it difficult to give such sureties. This results in great hardship to the candidates, as they are liable to lose their stipends.

This matter needs to be looked into. I have discussed this matter with the authorities concerned, and it seems to me, that it would be sufficient, if the candidates' guardian stands surety, and the bond is signed by a Gazetted Officer.

13. The Nursing Council Bill is before the Mysore Legislature and has not yet been passed. I hope it will be passed at an early date, so that a Nursing Council is established in this State before long. It is suggested, that the Superintendent of Nursing Services, who is going to be appointed in the Office of the Director of Medical Services, should be appointed as the Registrar of the Nursing Council, when it is established.

14. It is recommended, that a larger number of Public Health Nurses should be trained for teaching and supervision of domiciliary nursing personnel.

15. It is gratifying, that the teaching equipment provided for Nurses' and Midwives' training schools by the UNICEF has made a substantial contribution towards the improvement of teaching in the basic course. This assistance should be utilised on an increasing scale.

16. More Refresher courses should be organised for the Nursing personnel than at present. The help rendered by the W.H.O. and other International bodies for post-graduate instruction of Nurses is very valuable and should be taken full advantage of.

17. Nurses, who have specialised in the following branches of the Nursing Science, either by qualifying at a special course or examination at a recognised institution or have obtained B.Sc. Degree in Nursing, should be paid a special allowance of Rs. 15 per mensem.

Proficiency in any of the following subjects will entitle a Nurse to be eligible for this allowance : —

- (i) Public Health Nursing.
- (ii) Nursing administration and Sister Tutor's Course.
- (iii) Pædiatric Nursing.
- (iv) Operation Theatre Nursing.
- (v) Physiotherapy.
- (vi) Psychiatric Nursing.
- (vii) Nursing in Tuberculosis.

18. During the period of their training or service, all Nurses, when sick, should be entitled to free medical treatment in

hospitals or institutions to which they are attached, and in special cases in any other Government hospital in which they are not serving.

19. At the time of joining the service, all nurses shall be required to sign the following pledge :—

“ I promise to practise my profession in a spirit of service and refrain from doing whatever is mischievous and harmful or betrays the confidence placed in me by my patients or my co-workers of the institutions to which I belong.

I promise to conform to all the rules of the institution to which I am attached and maintain the ethical standard and discipline of the profession ”.

20. *The Courses in General Nursing and Midwifery*:—I recommend, that for the course in General Nursing and Midwifery, the syllabus and Regulations framed by the Indian Nursing Council should be adopted. Some of the important regulations are as follows :—

(i) *Entrance Requirements*.—The minimum educational requirement shall be the passing of matriculation or equivalent examination and, for those who have completed the course of instruction for matriculation or equivalent examination, the passing of an entrance examination conducted by any authority mentioned in part A of the Schedule to the Indian Nursing Council Act.

The minimum age for entrance shall be 17 years.

(ii) *Duration of the Course*.—The duration of the course in general nursing shall be three years.

A health visitor, who wishes to qualify as a nurse with basic public health training, will be required to undergo training in general nursing for a period of 2 years in a training school in which public health is integrated in the nursing course.

A registered midwife who wishes to qualify in general nursing and midwifery will be required :—

(1) to meet the minimum educational requirement for the course in general nursing ;

(2) to undergo training for  $2\frac{1}{2}$  years in General Nursing and for 3 months in Midwifery and to pass the prescribed examinations.

(iii) *The Preliminary period.*—There should be a preliminary period of 12 weeks during which the student is not assigned any ward duties, but, after the first two weeks the student may attend the wards for observation and supervise practice not exceeding 16 hours per week. An examination to assess the student's ability to continue her training should be held in the 11th or 12th week.

It is found, that in many training schools, there is no preliminary training period for the nursing students before they are given ward work. This is not correct.

The preliminary training period should be strictly enforced.

(iv) *Integration of Preventive Medicine with Nursing.*—Stress should be placed on prevention of disease and health teaching throughout the course. Training schools that undertake to integrate public health in the basic course in nursing should meet the following requirements:—

(1) There should be a preliminary programme of staff education, including observation visits, for all members of the nursing staff.

(2) Two Public Health Nurses should be appointed on the staff; at least one to be appointed in the first year, the second nurse may be appointed in the third year, if not available earlier.

(3) An adequate health service should be established for staff and students. This should include provision for (a) medical examination before admission, (b) a periodical examination, and correction of such defects as may be found, (c) B.C.G. immunisation, (d) immunisation against communicable diseases, and (e) adequate medical care during illness. Medical Examination should include X-Ray, Laboratory tests, tuberculin testing and other diagnostic processes as may be necessary in each case. Complete health records as far as possible should be kept in respect of each individual member of the staff and students.

(4) Stress should be laid on preventive measures and health-teaching throughout the course. To ensure this



being done, it would be advisable for the medical lecturers and sister tutors to meet together and review the content and method of teaching of the various subjects.

(5) The students should make one or more home visits in the preliminary period. This would be mainly to acquaint them with the way in which people live in the area. Home visiting arranged towards the end of the first year could have a more definite purpose, *e.g.*, visiting of a discharged patient, who has to have some treatment continued.

(6) Experience of domiciliary nursing for six to eight weeks late in the second or early in the third year or training arranged in co-operation with an M.C.H. Centre, primary health unit, tuberculosis clinic, mobile dispensary or any other agency, that is available.

(7) Instruction and practice of health teaching in the wards and out-patient department.

(8) During the course in midwifery the students should get experience of ante-natal and post-natal home visiting, domiciliary midwifery, health teaching and of working in a M.C.H. Clinic.

(9) Training in the Nursing of children should receive adequate attention.

(10) I would particularly lay stress on the need for the course of instruction in personal and environmental hygiene, as well as nutrition and Cookery. It should emphasise the responsibilities of the nurse as a teacher of health, so that she could tell people, that disease is preventable and that it is the duty of the individual to prevent it. Like the medical man, the nurse too is there to practice both curative and preventive medicine.

Instruction should also be given in History of Nursing and Ethics, so that the nurse properly appreciates her noble heritage, as well her responsibilities to her profession and to the sick persons in her charge.

(v) *Conditions for recognition.*—The Indian Nursing Council has laid down the following conditions for the recognition of training schools which should be complied with:—

(1) *General Nursing.*—The minimum number of beds for a complete training school shall be 75. At least one-third of this number should be for medical patients and

at least one-third for surgical patients. The number of beds for men patients should be not less than one-sixth of the total number of beds, the minimum being 25 beds. Ten beds should be for gynæcology and ten beds for children. There should be provision for experience in out-patient and operatoin-theatre work.

(2) *Midwifery*.—The minimum number of beds shall be 20. There should be at least 400 deliveries per year. There should be provision for experience in ante-natal clinics and also in the nursing of septic patients, who should be nursed in a separate unit.

(3) *Linen equipment and supplies*.—These should be adequate to give satisfactory nursing care to all patients.

(4) *Nursing staff*.—There should be a properly qualified Nursing Superintendent or Matron and one or more Assistant Nursing Superintendents or Assistant Matrons according to the size of the hospital. The ratio between authorised beds and nursing staff which includes student nurses should be 5:1. The administrative and teaching staff, the staff in special departments, *e.g.*, operation theatre and X-ray Departments, and students in the preliminary period who are not working full-time in the hospital would not be included in this ratio.

It is recommended that there should be a ratio of 3 : 1 between student nurses and trained staff giving bedside care to patients; and one ward sister for each ward of 20 to 50 beds and one staff nurse to every 15 patients.

## (2) TRAINING OF HEALTH VISITORS.

The Health Visitors are trained only at one centre in Mysore State, namely the Victoria Hospital, Bangalore. There are 17 Health Visitors in service at present. They are all working in the integrated areas. The Old Mysore State did not have them in its cadre before the Reorganisation of States.

The training programme was sanctioned for the duration of the Second Five-Year Plan and provision was made for three batches of 30 candidates each. The first batch started training at this centre on 1st October 1958 with 16 candidates, and

the second batch started on 1st February 1960 with 32 candidates. The third batch of 30 candidates is proposed to commence training before the close of the current year 1960-61, which is the last year of the Second Five-Year Plan.

The teaching staff of the school of health visitors has been recruited by the Medical and Public Health Departments. There is however some deficiency in the tutorial staff.

The Health Visitors are paid a stipend of Rs. 50 per month and are given free residential accommodation. A hostel building has been constructed with the assistance of Government of India in the premises of the Victoria Hospital for the trainees. It has accommodation for 12 candidates.

The trainees are given stipend on condition, that they should serve the department for not less than 5 years. For this purpose they have to execute a bond. After successful completion of 2½ years training, the candidates are appointed as Health Visitors in the sanctioned posts in the Primary health centres of the Government of India pattern.

In this connection I may invite attention to an important resolution of the Indian Nursing Council, which was passed at its meeting held on 20th December 1956 namely :—

(a) There should be no further expansion of training of Health Visitors but that the training may continue on the present scale up to end of the Second Five-Year Plan, *i.e.*, April 1961.

(b) Steps should be taken at the end of the Second Five-Year Plan to convert the existing Health Visitors Schools into Centres for Public Health Nursing Training.

(c) The training of Health Visitors should be discontinued gradually so as to cease in ten years' time, *i.e.*, in December 1966.

#### RECOMMENDATIONS.

At present there is no centre in Mysore State for Public Health Nursing Training. In order to comply with the recommendation of the Indian Nursing Council, it would be necessary to discontinue the training of health visitors and to train

Public Health Nurses instead. It is recommended that the present centre for the training of Health Visitors at the Victoria Hospital, Bangalore, should be upgraded for the training of Public Health Nurses.

2. As regards the probable vacancies, the position is this :

The number of sanctioned posts of Health Visitors/Public Health Nurses for the period ending March 1961 is 207 against which there are 176 vacancies. During the Third Five-Year Plan another 215 posts are likely to be created. Arrangements will therefore have to be made for the training of Health Visitors/Public Health Nurses in adequate numbers to fill these vacancies.

### (3) TRAINING OF RADIOGRAPHERS.

The sanctioned strength of Radiographers is 24 (as per statement attached). The total number working at present is 5 ; there are thus 19 vacancies.

*There are two training Centres :—*

1. Victoria Hospital, Bangalore .. Here 6 candidates are under training.
2. Wenlock Hospital, Mangalore .. Here 5 candidates are under training.

The training is for a period of one year, during which they are paid a stipend of Rs. 25 per mensem. The minimum qualification for admission is a pass in S.S.L.C. Examination.

I understand, that a proposal to start a training scheme for X-ray Technicians on Government of India Pattern is under the active consideration of Government. This training is proposed for 10 stipendiary candidates at the Victoria Hospital.

I strongly recommend, that this scheme should be taken in hand at an early date, as X-ray Technicians are urgently needed in various hospitals in the State.

We may also, if necessary, arrange to send candidates for this training at the Barnard Institute of Radiology, Madras.

**X-RAY TECHNICIANS.**

| <i>Name of the Institution</i>                    | <i>No. of<br/>posts<br/>sanc-<br/>tioned</i> | <i>No. of<br/>posts<br/>filled<br/>up</i> | <i>No. of<br/>posts<br/>vacant</i> |
|---------------------------------------------------|----------------------------------------------|-------------------------------------------|------------------------------------|
| 1. Victoria Hospital, Ban-<br>galore              | 4                                            | ..                                        | 4                                  |
| 2. K. R. Hospital, Mysore ..                      | 2                                            | 1                                         | 1                                  |
| 3. Bowring and Lady Curzon<br>Hospital.           | 1                                            | ..                                        | 1                                  |
| 4. Karnatak Medical College,<br>Hubli.            | 1                                            | ..                                        | 1                                  |
| 5. E. S. I. Scheme, Bangalore.                    | 2                                            | 1                                         | 1                                  |
| 6. Jayachamarajendra Hospi-<br>tal, Thirthahalli. | 1                                            | ..                                        | 1                                  |
| 7. Civil Hospital, Belgaum.                       | 1                                            | 1                                         | ..                                 |
| 8. District Hospital, Mercara.                    | 1                                            | 1                                         | ..                                 |
| 9. Civil Hospital, Somwarpet.                     | 1                                            | ..                                        | 1                                  |
| 10. Civil Hospital, Virajpet .                    | 1                                            | 1                                         | ..                                 |
| 11. H. Q. Hospital, Mangalore.                    | 3                                            | ..                                        | 3                                  |
| 12. S. D. S. San., Bangalore .                    | 1                                            | ..                                        | 1                                  |
| 13. T. B. Clinic, Raichur ..                      | 1                                            | ..                                        | 1                                  |
| 14. T. B. Clinic, Bidar ..                        | 1                                            | ..                                        | 1                                  |
| 15. T. B. Clinic, Gulbarga                        | 1                                            | ..                                        | 1                                  |
| 16. T. B. Clinic, Chitradurga.                    | 1                                            | ..                                        | 1                                  |
| 17. Crawford Hospital, Saka-<br>leshpur.          | 1                                            | ..                                        | 1                                  |
| Total                                             | .. 24                                        | 5                                         | 19                                 |

**(4) TRAINING OF LABORATORY TECHNICIANS.**

The training of Laboratory Technicians as per the syllabus envisaged by Government of India is being conducted under the control of the Director of Public Health, Bangalore, at Victoria Hospital, Bangalore and the Public Health Institute, Bangalore. This is the only training centre for the purpose. The period of training is one year, during which the candidates are paid stipend of Rs. 50 per month. The total number of admissions is 12 and the minimum qualification for admission is a pass in Inter Science Examination. During the year 1959,

only 7 candidates out of 12 seats have been trained, of which two have been appointed in the Public Health Department.

During the year 1960, the Director of Public Health has admitted 17 candidates for training.

I understand, that at the departmental co-ordination meeting, it was proposed, that another training centre should be started at the Medical College, Mysore.

There is certainly a great need for more Laboratory Technicians in the State. I recommend, that at least two more Centres for training should be started, one at the Mysore Medical College (as already proposed at the co-ordination meeting) and another in the Karnatak Medical College, Hubli.

#### LABORATORY TECHNICIANS

| <i>Name of the Institution</i>                       | <i>No. of<br/>posts<br/>sanc-<br/>tioned</i> | <i>No. of<br/>posts<br/>filled<br/>up</i> | <i>No. of<br/>posts<br/>vacant</i> |
|------------------------------------------------------|----------------------------------------------|-------------------------------------------|------------------------------------|
| 1 Victoria Hospital, Bangalore ..                    | 6                                            | 3                                         | 3                                  |
| 2 Vani Vilas Hospital, Bangalore ..                  | 1                                            | ..                                        | 1                                  |
| 3 Mental Hospital, Bangalore ..                      | 1                                            | 1                                         | ..                                 |
| 4 Bowring and Lady Curzon Hos-<br>pitals, Bangalore. | 2                                            | 2                                         | ..                                 |
| 5 S. D. S. Sanatorium, Bangalore.                    | 1                                            | 1                                         | ..                                 |
| 6 E. S. I. Hospital, Bangalore ..                    | 1                                            | ..                                        | 1                                  |
| 7 K. R. Hospital, Mysore ..                          | 2                                            | 2                                         | ..                                 |
| 8 Cheluvamba Hospital, Mysore ..                     | 1                                            | 1                                         | ..                                 |
| 9 P. K. Sanatorium, Mysore ..                        | 3                                            | 1                                         | 2                                  |
| 10 District Hospital, Chickmagalur.                  | 1                                            | 1                                         | ..                                 |
| 11 District Hospital, Chitradurga .                  | 1                                            | ..                                        | 1                                  |
| 12 District Hospital, Hassan ..                      | 1                                            | ..                                        | 1                                  |
| 13 Crawford Hospital, Saklespur ..                   | 1                                            | ..                                        | 1                                  |
| 14 District Hospital, Kolar ..                       | 1                                            | 1                                         | ..                                 |
| 15 District Hospital, Mandya ..                      | 1                                            | ..                                        | 1                                  |
| 16 Civil Hospital, K.G.F. ..                         | 1                                            | ..                                        | 1                                  |
| 17 T. B. Sanatorium, Bangalore ..                    | 1                                            | ..                                        | 1                                  |
| 18 District Hospital, Shimoga ..                     | 1                                            | 1                                         | ..                                 |
| 19 District Dospital, Tumkur ..                      | 1                                            | ..                                        | 1                                  |
| 20 T. B. Sanatorium, Bellary ..                      | 1                                            | ..                                        | 1                                  |
| 21 Medical College, Hubli ..                         | 8                                            | 1                                         | 7                                  |



| <i>Name of the Institution</i> |                            | <i>No. of<br/>posts<br/>sanc-<br/>tioned</i> | <i>No. of<br/>posts<br/>filled-<br/>up</i> | <i>No. of<br/>posts<br/>vacant</i> |
|--------------------------------|----------------------------|----------------------------------------------|--------------------------------------------|------------------------------------|
| 22                             | Medical College, Bangalore | .. 7                                         | 6                                          | 1                                  |
| 23                             | Medical College, Mysore    | .. 7                                         | 4                                          | 3                                  |
| 24                             | Civil Hospital, Mercara    | .. 1                                         | 1                                          | ..                                 |
| 25                             | Civil Hospital, Virajpet   | .. 1                                         | ..                                         | 1                                  |
| 26                             | Civil Hospital, Dharwar    | .. 1                                         | 1                                          | ..                                 |
| 27                             | Civil Hospital, Bijapur    | .. 1                                         | ..                                         | 1                                  |
| 28                             | P. W. Hospital. Jamkhandi  | .. 1                                         | ..                                         | 1                                  |
| 29                             | Civil Hospital, Karwar     | .. 1                                         | ..                                         | 1                                  |
| 30                             | V. D. Clinic, Ankola       | .. 1                                         | ..                                         | 1                                  |
| 31                             | Civil Hospital, Belgaum    | .. 1                                         | 1                                          | ..                                 |
| 32                             | V. D. Clinic, Gulbarga     | .. 1                                         | ..                                         | 1                                  |
| Total                          |                            | .. 60                                        | 30                                         | 30                                 |

## (5) TRAINING OF COMPOUNDERS.

## I

The sanctioned strength of Compounders is 635. The number of those on duty is 627; so there are 8 vacancies at present. The probable number of vacancies that may arise in the course of the year is 12.

The training in Compounding extending over 12 months is given for candidates with L.S. or equivalent qualification. Stipends of Rs. 20 (from 1st January 1959) per mensem per candidate are being paid. Non-stipendiary candidates are also imparted training according to the availability of vacancies. The names of centres with the number of seats for stipendiary candidates in each are as shown below :—

|                                       | <i>Men</i> | <i>Women</i> | <i>Total</i> |
|---------------------------------------|------------|--------------|--------------|
| 1. Victoria Hospital, Bangalore       | .. 4       | 1            | 5            |
| 2. K. R. Hospital, Mysore             | .. 3       | 1            | 4            |
| 3. Headquarters Hospital, Mangalore , | 3          | 1            | 4            |
| 4. Headquarters Hospital, Bellary     | .. 3       | 1            | 4            |
| 5. McGann Hospital, Shimoga           | .. 3       | 1            | 4            |
| 6 Civil Hospital, Dharwar             | .. 3       | 1            | 4            |
| 7. Civil Hospital, Belgaum            | .. 3       | 1            | 4            |
| 8. Civil Hospital, Mercara            | .. 3       | 1            | 4            |
| Total                                 | .. 25      | 8            | 33           |

It is recommended that an equal number of non-stipendiary candidates may also be trained in the above 8 institutions. This additional quota will be enough to meet the requirements of the State for the present.

Further, for the implementation of the Drugs Act, Government have sanctioned the training of Compounders under the control of the Director of Public Health. Candidates for training are deputed by the Chemists and Druggists in the State of Mysore through the Director of Public Health. The period of training is 12 months. The names of training centres, and the number of seats in each hospital are as noted below :—

|     |                                                |    |    |
|-----|------------------------------------------------|----|----|
| 1.  | Victoria Hospital, Bangalore                   | .. | 20 |
| 2.  | Bowring and Lady Curzon Hospitals, Bangalore . |    | 20 |
| 3.  | K. R. Hospital, Mysore                         | .. | 15 |
| 4.  | General Hospital, Mandya                       | .. | 4  |
| 5.  | Do Chickmagalur                                | .. | 5  |
| 6.  | Do Hassan                                      | .. | 4  |
| 7.  | Do Shimoga                                     | .. | 14 |
| 8.  | Do Bellary                                     | .. | 6  |
| 9.  | Do Chitradurga                                 | .. | 3  |
| 10. | Do Tumkur                                      | .. | 6  |
| 11. | Do Kolar                                       | .. | 5  |
| 12. | Do K. G. F.                                    | .. | 4  |
| 13. | Headquarters Hospital, Mangalore               | .. | 15 |
| 14. | Civil Hospital, Karwar                         | .. | 2  |
| 15. | Do Dharwar                                     | .. | 4  |
| 16. | Do Bijapur                                     | .. | 4  |
| 17. | Do Belgaum                                     | .. | 6  |
| 18. | Do Coorg                                       | .. | 10 |
| 19. | Do Gulbarga                                    | .. | 4  |
| 20. | Do Raichur                                     | .. | 5  |
| 21. | Do Bidar                                       | .. | 4  |

## II.

While dealing with the subject of training of Compounders, I may say, that Pharmacists play a vital role in the health

services of the country. We need a large number of well-educated pharmacists, who will observe the highest ethical principles in the practice of their profession. They are needed for hospitals, dispensaries, chemist's shops, Doctors' private clinics, and the pharmaceutical industry. Bangalore is becoming a great centre for the manufacture of drugs and pharmaceuticals. There exist many pharmaceutical concerns, and their number is increasing. They require a large number of trained pharmacists. Unfortunately, there is no institution here, which imparts education in various branches of pharmaceuticals, namely pharmaceutical chemistry, pharmacy, pharmacology, physiology, toxicology, etc. Lack of trained personnel is a great handicap to the growth of the Pharmaceutical Industry. The existing facilities for their training are limited, while the demand for trained pharmacists is steadily increasing.

(2) The Pharmaceutical Enquiry Committee (1954), of which I was the Chairman, has made the following recommendations for the technical training for the Profession of Pharmacy :—

*“Status of the Profession: 199.—*The profession of pharmacy should be given a recognised place in society. This could be attained by improving the standards of education in pharmacy and by regulating the profession.

*Training in Pharmacy: 200.—*State Governments and Universities, which have started courses of study in pharmacy for entering the profession should review the available facilities for training and bring them in conformity with the Education Regulations prescribed by the Pharmacy Council of India.

201. The Pharmacy Council of India which, at present, lays down the minimum registerable qualifications for Pharmacists should also lay down minimum standards for degree courses in Pharmacy. Such Degree Courses, at present, adopted by various Universities should conform to the minimum standards laid down by the Pharmacy Council of India.

202. To enable students to migrate from one University to another at an appropriate stage, there should be a uniform minimum standard of education in the different Universities.

There should be provision for post-graduate training in different branches in the various Universities”.

I may say that the Pharmacy Council of India has framed necessary regulations for the training of Pharmacists and minimum standards for degree courses in Pharmacy which should be followed by the Universities.

(3) As the Drugs Act is now operative in this State, it is all the more necessary to make arrangements for the supply of adequate number of trained pharmacists required for the Pharmaceutical Industry.

(4) I therefore recommend, that a College of Pharmacy should be established at Bangalore independently of the existing medical college for imparting both under-graduate and post-graduate instruction with facilities for research work. In starting such an institution, I am sure, the Government of India will render the necessary assistance to the Mysore State Government.

A copy of the memorandum submitted by the Indian Pharmaceutical Association to the Planning Commission on the subject of the role of Pharmacists in the Third Five-Year Plan is placed in Appendix No. .... It will be observed that the Association has stressed the need for making immediate arrangements for the training of Pharmacists to meet the requirements brought about by the enforcement of the Pharmacy Act. It says, that provision should be made for the establishment of two training institutions in each State. It further states, that in order to meet the increased needs of the pharmaceutical industry, some of the existing colleges of pharmacy should be up-graded to train pharmaceutical technologists. Provision should be made for the establishment of a Central Institute of Pharmacy. I endorse these views and recommend them for the serious consideration of Government and their acceptance. If circumstances would not allow the establishment of two such training centres in the State, at least one should be started at an early date.

(5) A suitable Herbarium consisting of all the well-known medicinal plants, should be established in Bangalore. We should grow specially those medicinal plants, which are used in the Ayurvedic and Unani Systems of Medicines, and undertake research work on them, as considered necessary. For purposes

of this research, the Pharmacology Department of the Indian Institute of Science, Bangalore, should be invited by the Mysore University and the Government of Mysore to render necessary assistance.

(6) For the implementation of the Drugs Act in the State, I recommend that the facilities available for the testing of Drugs in the Pharmacology Department of the Indian Institute of Science may be utilised.

## CHAPTER III.

## DISTRICT ADMINISTRATION.

## A. DISTRICT HOSPITAL.

The pattern of administration of District Hospitals in the enlarged Mysore State varies in different parts. *viz.*, it is not the same in the old Mysore State, Hyderabad Karnatak, Madras Karnatak and Coorg areas. As far as medical aid at present is concerned, the quantum of Medical Services rendered to the population, as a whole, is the best in Coorg among all the different units of the new Mysore State. This probably is due to the fact, that Coorg was a very small area with good financial resources, and therefore, medical aid was extended on a large scale. It would be a good thing, if the standards obtaining in Coorg are achieved in the rest of the State during the Third Five-Year Plan period. The position regarding medical aid could be reviewed at the end of the Third Five-Year Plan and further benefits could be given after a review, as suggested.

(1) *District Medical Officers :*

The District Medical Officers in the different parts are called by different designations. In some, they are called as "District Medical Officers" and in some as "Civil Surgeons". I would suggest, that the administrative officers in all the Districts may be designated as "District Medical Officers" in accordance with the usage in other Departments, like Revenue, Forest, Police, where the District Officers are designated as District Superintendent of Police, District Forest Officer, etc. The practice as suggested above is in vogue in the neighbouring States of Madras and Andhra Pradesh.

*Mode of Recruitment of District Medical Officers.*—The Officers to be appointed as District Medical Officers should be recruited from among Resident Medical Officers of the Major and Teaching Hospitals, having very wide opportunities of professional and administrative work. If those who have put in 3 to 5 years of work as Resident Medical Officers are appointed as District Medical Officers, they will make good



District Officers and will be able to handle any situation efficiently—professional and administrative. For this purpose, Senior Assistant Surgeons Grade I must be periodically posted to the major Hospitals to work as Resident Medical Officers, and those who have been working there, should be shifted and posted to the Districts from time to time. The Hospitals, which can be utilised as training ground for District Medical Officers are :—

1. Victoria Hospital, Bangalore.
2. Vani Vilas Hospital, Bangalore.
3. Bowring and Lady Curzon Hospital, Bangalore.
4. K. R. Hospital, Mysore.
5. Cheluvamba Hospital, Mysore.
6. Wenlock Hospital, Mangalore.
7. K. M. C. Hospital, Hubli.
8. Headquarters Hospital, Belgaum.
9. Headquarters Hospital, Bellary.
10. Headquarters Hospital, Coorg.

(2) During my visits to hospitals in the City, I have noticed particularly in the major hospitals, that the Resident Medical Officers are put in charge of wards, either surgical or medical, and continue to do professional work as regular Surgeons or Physicians. Not only this, they are sometimes given teaching posts. The post of Resident Medical Officer as mentioned above must be a training ground for preparing "Surgeons" to hold charge in Districts. They should be in over all charge of the entire hospital and should be responsible for Drug Stores, Dieting, Linen, posting of Medical Officers, Compounders, Nurses and Class IV staff (through the Matron) and should exercise all administrative functions in the absence of the Superintendent of the Hospital concerned. There should not be any objection, if according to their aptitude, they can work as an understudy either with a Physician or a Surgeon, but the primary object should be to attend to emergencies and be in over all charge of the entire hospital next to the Superintendent. They should be in charge of the general supervision and cleanliness of the institution as a whole. This intensive training, on the whole time basis, would prepare the officers concerned in the course of a few years to shoulder any responsibility in the District. I strongly recommend, that this proposal should be vigorously implemented.

The District Medical Officers should not be primarily in charge of District Headquarters Hospitals. The charge of the District Headquarters Hospital should be mainly in the hands of the Resident Medical Officer, and the District Medical Officers should be in over all charge of the District, and do professional work in the District Headquarters Hospital. This will give them time to inspect the Hospitals and Dispensaries in the District frequently, apart from affording opportunities to the Resident Medical Officer to pick up sound professional and administrative experience. These inspections are not done as frequently and meticulously as they should be. Therefore, at least one inspection of institutions in the District should be done with the prior intimation, and two inspections, at least, by surprise, annually. The inspection by prior intimation should include a thorough inspection of the Office, Accounts, stores ; and the inspection by surprise should be to find out, if the institutions are being run as they should be, based on orders issued from time to time.

The District Medical Officers must be empowered to transfer officers and officials in their own District from one station to another, with the prior concurrence of the Director of Medical Services, observing rules in this behalf, issued by Government, excepting in the case of Compounders and Midwives, whom they can transfer at their discretion. These transfers should not be more frequent than once in three years, and if for any special reasons, the transfers are effected more frequently than this, such transfers must have the concurrence of the Director of Medical Services. Unless large powers and responsibilities are vested in the District Medical Officers, it would be difficult to expect from them much initiative, or drive.

### (3) *Drug Stores in District Hospitals :*

These must be in the sole charge of the Resident Medical Officer, or some other Senior Medical Officer. He will be responsible to send the indents on scheduled dates to Government Medical Stores and to keep a good stock of essential requirements not only for the use of the District Headquarters Hospital, but also for sending to the Hospitals and Dispensaries in the District in case of emergent necessity. The funds now allotted for medical supplies are inadequate, in view of the fact that the inpatient and out-patient attendance is increasing in all the institutions all over the State. I would

suggest that a minimum of Rs. 5 lakhs for each district or a total of Rs. 1 crore should be provided for medicines and equipments for all the hospitals in the State, including the District Hospitals. This will work out to about 50 nP. per head, per year, taking the over all population of the State.

(4) *Linen :*

Hospitals are not kept as clean as they should be, and this is not possible in any institution unless there is an ample supply of clean linen. I would suggest, that uniforms like shirts, dhoties, skirts, jackets, bed-sheets, draw-sheets, pillow-cases, palliasis, etc., may be supplied on the basis of average daily attendance of in-patients, and four units of each be provided for each in-patient, annually. There is a certain amount of discontent among the medical officers, that Khadi is unsuitable for use in the hospitals as ward linen. The lasting quality of Khadi cloth is not as good as Mill cloth. I would, therefore, suggest to Government to make an exception in the case of the Hospital linen and except in the case of uniforms, all the other linen should be ordered to be made of mill cloth.

(5) *Out-Patient Department :*

There is divergence of opinion regarding out-patient hours of work. From many years of experience, I find that 8 to 11 O'clock in the mornings, and either 3 to 5 O'clock or 4 to 6 O'clock in the evenings, would be the ideal hours for out-patient work. This should be uniform throughout the State in all the Hospitals and Dispensaries, except in the case of teaching and major Hospitals, where, according to convenience, the out-patient hours may be from 8 A.M. to 1 P.M. or 2 P.M. to 6 P.M. District Hospitals and training institutions where specialist treatment will have to be provided to the in-patients and out-patients, will have on their staff, specialists like E.N.T. Dental, Skin, Tuberculosis, etc. These specialists in the districts should not be whole time officers, because, the volume of work in the Districts will not warrant such whole-time officers. They will be general Physicians, general surgeons, in addition to their speciality and they will be allotted a certain number of in-patient beds and they will be consultants for their own speciality, particularly, in regard to out-patients after 11 A.M., by which time, it is assumed their in-patient

rounds would be over. The special departments for consultation for out-patients can be run either daily or twice or three times a week, depending on the volume of work in the various hospitals. The out-patient department must be run jointly for men and women with separate enclosures for examining men and women. In other words, there will be one common dispensing section. It is waste of staff, and administratively a very inconvenient procedure, to have two compounding and dispensing sections, two stores and two officers in charge of stores. The out-patient department, if run jointly will have the added advantage of medical officers being available for consultation one for the other. The out-patient medical officers should work initially in the out-patient department wholtime, for a minimum period of three to six months, when they could be given some in-patient work so as not to make their work monotonous. This would also give them added clinical experience.

#### (6) *Anti Rabic treatment*

We have in the State 81 Anti-rabic centres for treatment of patients bitten either by dogs suspected to be suffering from rabies or other animals, which transmit rabies to human beings. To make anti-rabic treatment available for the entire population, I suggest that every hospital and dispensary should be an anti-rabic centre and the medical officers should be authorised to get the vaccine telegraphically from Coonoor, payments for such vaccine to be made out of funds placed at the disposal of the District Medical Officers.

#### (7) *Admission of new cases*

Every District Headquarters Hospital should have two wards each of 20 to 30 beds, where all new cases are admitted as in-patients, with a view to make quick and correct diagnosis and to concentrate medical and nursing assistance. Once the patients are out of danger and a proper diagnosis has been made, they can be shifted to convalescent wards. By this arrangement, there will not be any chance of a serious case missing efficient treatment in the first 24 to 48 hours of admission. The two sets of wards of 20 to 30 beds will be one for men and one for women in-patients. If the District Headquarters Hospitals cannot allot 40 to 60 beds, a smaller number can be allotted, depending upon the total available number

of in-patient beds. This procedure on a modified scale should be followed even in Taluka Hospitals, the intention being to concentrate attention on new admissions during the first 24 to 48 hours.

#### (8) *Receptionists*

Every Hospital must have at least one Receptionist in the Out-patient Department and one in the In-patient Department to guide patients and to see that all courtesy is shown to patients and their relatives and that no inconvenience is caused to them on any score.

#### (9) *Standards for staff in various categories of Hospitals*

I am enclosing certain standards prescribed by Government of India in regard to staffing of out-patient dispensaries and also in regard to in-patient wards having 20—50, 100 and 250 in-patient beds (Appendix). It may be difficult to attain the standards prescribed therein, considering the financial resources of the State and the availability of the technical personnel. Therefore, the suggestions have been modified to make it practicable for implementation during the pendency of the Third Five-Year Plan period. As I have said in the beginning of this chapter, the position can be reviewed by the end of the III Plan period and additional staff, if required, may be provided.

The Director of Medical Service has prepared certain staff data for various categories of Hospitals (Appendix 7). I am in general agreement with his views and the final decision on immediate necessities can be arrived at after reviewing these figures with the figures furnished by the Union Ministry of Health (Appendix 6). The data prepared by the Medical Directorate may be kept in view as an ultimate objective, to be attained when sufficient funds and personnel are available. My recommendations in this regard are given below in the comparative statement which includes the standards laid down by the Government of India.

## I. STAFF PROPOSED FOR A MOBILE DISPENSARY.

*By D.G.H.S.**Now proposed for  
Mysore State*

|                      |    |   |                      |    |   |
|----------------------|----|---|----------------------|----|---|
| Asst. Surgeon, Gr. I | .. | 1 | Asst. Surgeon, Gr. I | .. | 1 |
| Compounder           | .. | 1 | Compounder           | .. | 1 |
| Dresser              | .. | 1 |                      |    |   |
| Driver               | .. | 1 | Driver               | .. | 1 |
| Cleaner              | .. | 1 | Cleaner              | .. | 1 |
| Ward Boy             | .. | 1 | Ward Boy             | .. | 1 |

## II. POPULATION 1,000-2,500—STAFF FOR A DISPENSARY.

|                             |    |   |                      |    |   |
|-----------------------------|----|---|----------------------|----|---|
| Asst. Surgeon, Gr. I        | .. | 1 | Asst. Surgeon, Gr. I | .. | 1 |
| Nurse                       | .. | 1 | Midwife              | .. | 1 |
| Compounder <i>cum</i> Clerk | .. | 1 | Compounder           | .. | 1 |
| Dresser                     | .. | 1 | Ward Boy             | .. | 1 |
| Class IV                    | .. | 1 | Peon                 | .. | 1 |
|                             |    |   | Sweeper              | .. | 1 |

## STAFF PROPOSED FOR A 20 BEDDED HOSPITALS.

|                               |    |   |                              |     |   |
|-------------------------------|----|---|------------------------------|-----|---|
| Medical Officer               | .. | 1 | Medical Officer              | ..  | 1 |
| Lady Medical Officer          | .. | 1 | Lady Medical Officer         | ..  | 1 |
| Sister in charge              | .. | 1 | Nursing Superintendent,      | Nil |   |
|                               |    |   | Gr. II.                      |     |   |
| Staff Nurses                  | .. | 4 | Nurses                       | ..  | 2 |
| Compounders                   | .. | 2 | Midwives                     | ..  | 2 |
| Clerk <i>cum</i> Store-keeper | .. | 1 | Compounder                   | ..  | 1 |
| Lab. Technician               | .. | 1 | Lab. Technician              | ..  | 1 |
|                               |    |   | X-Ray Technician             | ..  | 1 |
|                               |    |   | (Not necessary immediately). |     |   |
| Ward Boys                     | .. | 2 | Ward Boys (including Ayas)   | 4   |   |
| Cooks                         | .. | 1 | Sweepers                     | ..  | 2 |
| Dhobi                         | .. | 1 | Peon                         | ..  | 1 |
| Mali                          | .. | 1 | Watchman                     | ..  | 1 |
| Chowkidars                    | .. | 2 | Dhobi                        | ..  | 1 |
| Ayah                          | .. | 2 | Cook                         | ..  | 1 |
| Peon                          | .. | 1 |                              | ..  |   |

## STAFF PROPOSED FOR A 50 BEDDED HOSPITAL.

|                               |    |    |                      |    |   |
|-------------------------------|----|----|----------------------|----|---|
| Medical Officers              | .. | 2  | Medical Officers     | .. | 2 |
| Lady Medical Officer          | .. | 1  | Lady Medical Officer | .. | 1 |
| Sister in charge              | .. | 1  | Sister               | .. | 1 |
| Staff Nurses                  | .. | 10 | Nurses               | .. | 6 |
| Compounders                   | .. | 3  | Midwives             | .. | 2 |
| Clerk <i>cum</i> Store-keeper | .. | 1  | Compounders          | .. | 3 |



*By D.G.H.S.**Now proposed for  
Mysore State*

|                       |   |                        |    |
|-----------------------|---|------------------------|----|
| Lab. Technician .. .. | 1 | Lab. Technician .. ..  | 1  |
| Radiographer .. ..    | 1 | X-Ray Technician .. .. | 1  |
| Driver .. ..          | 1 | Driver .. ..           | 1  |
| Ward Boys .. ..       | 4 | Ward Boys .. ..        | 10 |
|                       |   | (including Ayas).      |    |
| Cooks .. ..           | 2 | Cooks .. ..            | 2  |
| Dhobi .. ..           | 2 | Dhobies .. ..          | 2  |
| Sweepers .. ..        | 3 | Sweepers .. ..         | 4  |
| Mali .. ..            | 1 | Mali .. ..             | 1  |
| Cleaner .. ..         | 1 | Peons .. ..            | 3  |
| Chowkidar .. ..       | 2 | Watchmen .. ..         | 2  |
| Ayah .. ..            | 5 |                        |    |
| Peon .. ..            | 3 |                        |    |

## STAFF PROPOSED FOR A 100 BEDDED HOSPITAL.

|                                |    |                            |     |
|--------------------------------|----|----------------------------|-----|
| Medical Superintendent ..      | 1  | Superintendent ..          | 1   |
| Asst. Surgeon, Gr. I ..        | 6  | Medical Officers ..        | 6+1 |
| plus 1 (Dental)                |    |                            |     |
| (General, Anæsthesia,          |    | (as suggested by D.G.H.S.) |     |
| Physician, Clinical Pathology, |    |                            |     |
| Gynæcology, X-Ray).            |    |                            |     |
| X-Ray Technician ..            | 1  | X-Ray Technician ..        | 1   |
| Sister in charge ..            | 1  | Sisters ..                 | 4   |
| Home Sister ..                 | 1  | Nurses ..                  | 12  |
| Night Sister ..                | 1  | Midwives ..                | 6   |
| Theatre Sister ..              | 1  | Steward ..                 | 1   |
| Ward Sisters ..                | 4  | Compounders ..             | 4   |
| Staff Nurses ..                | 16 | Clerks ..                  | 4   |
| Male Nurses ..                 | 4  | Drivers ..                 | 1   |
| Steward ..                     | 1  | Ward Boys ..               | 20  |
| Lab. Asst. ..                  | 1  | Sweepers ..                | 8   |
| Nursing Orderlies ..           | 15 | Cooks ..                   | 4   |
| Ward Boys ..                   | 4  | Dhobies ..                 | 3   |
| Dental Hygienist ..            | 1  | Malis ..                   | 2   |
| Head Clerk ..                  | 1  | Peons ..                   | 4   |
| Cashier ..                     | 1  | Watchmen ..                | 2   |
| Clerks ..                      | 3  |                            |     |
| Diet Store-keeper ..           | 1  |                            |     |
| Medical Store-keeper ..        | 1  |                            |     |
| Ambulance Driver ..            | 2  |                            |     |
| Chowkidars ..                  | 4  |                            |     |
| Peons ..                       | 2  |                            |     |
| Sweepers ..                    | 8  |                            |     |
| Cooks ..                       | 4  |                            |     |
| Masalchies ..                  | 2  |                            |     |
| Khars ..                       | 4  |                            |     |
| Mali ..                        | 3  |                            |     |
| General Store-keeper ..        | 1  |                            |     |

## STAFF PROPOSED FOR A 250 BEDDED HOSPITAL.

| <i>By D.G.H.S.</i>            |    |    |    | <i>Now proposed for<br/>Mysore State</i> |    |    |    |
|-------------------------------|----|----|----|------------------------------------------|----|----|----|
| Surgeons                      | .. | .. | 2  | Surgeons                                 | .. | .. | 2  |
| Physicians                    | .. | .. | 2  | Physicians                               | .. | .. | 2  |
| Obstetrician and Gynæcologist | .. | .. | 1  | Gynæcologist                             | .. | .. | 1  |
| Dental Surgeon                | .. | .. | 1  | Dental Surgeon                           | .. | .. | 1  |
| Anæsthetist                   | .. | .. | 1  | Anæsthetist                              | .. | .. | 1  |
| Pathologist                   | .. | .. | 1  | Pathologist                              | .. | .. | 1  |
| Radiologist                   | .. | .. | 1  | Radiologist                              | .. | .. | 1  |
| Biochemist                    | .. | .. | 1  | Casualty Officers                        | .. | .. | 3  |
| Registrars                    | .. | .. | 5  | House Surgeons                           | .. | .. | 10 |
| Casualty Officers             | .. | .. | 3  | Matron                                   | .. | .. | 1  |
| House Surgeons                | .. | .. | 10 | Asst. Matron                             | .. | .. | 1  |
| Matron                        | .. | .. | 1  | Nursing Sisters                          | .. | .. | 12 |
| Asst. Matron                  | .. | .. | 1  | Staff Nurses                             | .. | .. | 24 |
| Nursing Sisters               | .. | .. | 12 | Midwives                                 | .. | .. | 16 |
| Asst. Supdt., Stores          | .. | .. | 1  | Clerks                                   | .. | .. | 8  |
| Staff Nurses                  | .. | .. | 40 | Stenographer                             | .. | .. | 1  |
| Head Clerk                    | .. | .. | 1  | X-Ray Technician                         | .. | .. | 2  |
| Store-keepers                 | .. | .. | 2  | Compounders                              | .. | .. | 6  |
| O.R.A.                        | .. | .. | 4  | Lab. Technicians                         | .. | .. | 2  |
| Stenographers                 | .. | .. | 2  | Class IV                                 | .. | .. | 40 |
| Senior Clerks                 | .. | .. | 4  | Peons                                    | .. | .. | 6  |
| Accountant                    | .. | .. | 1  | Cooks                                    | .. | .. | 5  |
| Radiographers                 | .. | .. | 1  | Watchmen                                 | .. | .. | 4  |
| Compounders                   | .. | .. | 8  | Lab. Attenders                           | .. | .. | 2  |
| Jr. Clerks                    | .. | .. | 8  | Sister's mess staff                      | .. | .. | 4  |
| Telephone Operators           | .. | .. | 4  |                                          |    |    |    |
| Peons                         | .. | .. | 6  |                                          |    |    |    |
| Daftari                       | .. | .. | 1  |                                          |    |    |    |
| Nursing Orderlies and Ayas    | .. | .. | 36 |                                          |    |    |    |
| Sweepers                      | .. | .. | 36 |                                          |    |    |    |
| Havildar                      | .. | .. | 1  |                                          |    |    |    |
| Head Cooks                    | .. | .. | 2  |                                          |    |    |    |
| Cooks                         | .. | .. | 4  |                                          |    |    |    |
| Chowkidars                    | .. | .. | 4  |                                          |    |    |    |
| Lab. Technicians              | .. | .. | 4  |                                          |    |    |    |
| Staff for Sisters homes       | .. | .. | 4  |                                          |    |    |    |
| Mess Servants                 | .. | .. | 6  |                                          |    |    |    |

(10) *Ancillary Departments in District Hospitals*

All District Hospitals should have the following ancillary departments :—

(a) *Department of Pathology.*—Here routine examinations of blood, urine and sputum are done, as also serological and bio-chemical work such as widal test, estimation of blood sugar, cerebrospinal fluid examination, etc.

(b) *X-Ray Department*.—Here facilities must be provided for radiography of chest, gastro-intestinal tract, genito-urinary tract, in addition to general examinations, for fracture, dislocation, etc.

(c) *Dental Department*.—Here extraction, scaling and filling of teeth should be provided for in-patients and out-patients.

(d) *Tuberculosis*.—In Mysore State as in the rest of India, Public Health problem No. 1 is prevention and cure of Tuberculosis. Now that Malaria has been tackled to a large extent with the advent of D.D.T. and similar chlorinated hydrocarbons and suppressants and anti-malarial drugs, the chief problem is control and eradication of Tuberculosis. It is a truism, that for every open case of tuberculosis, there are at least 5 cases with a fairly heavy infection. It is therefore of paramount importance, that we should have in all Districts ample facilities for the early diagnosis and efficient treatment of Tuberculosis, as well as its prevention. I have discussed this item fully in a separate chapter on Preventive and Curative Services for Tuberculosis.

(e) *V. D. Clinics*.—V. D. Clinics need not be attached to all the District Headquarter Hospitals, but where the incidence of V. D. is fairly heavy, V. D. Clinic must be attached to them and also to the Taluka Hospitals with any tendency for endemicity in the area.

#### (11) *Pædiatric Unit*

There must be a Pædiatric Unit in every Headquarter Hospital, as the care of children is of the greatest importance.

#### (12) *Emergency Beds*

Every Dispensary in the State should have at least four emergency beds, two for men and two for women, where first aid treatment for all emergencies and acute illnesses could be given before patients are shifted to Taluka and District Hospitals for detailed investigations and treatment.

#### (13) *Ambulance Service*

In every one of the District Hospitals, and Taluka Hospitals also, there must be an Ambulance Service. From this point of view, conditions in Coorg are commendable, as, for a small

district, they have six ambulance services, one at Headquarter level, two in Taluka level and three in sub-taluka level.

#### (14) *Family Planning*

I feel, it is my duty to incorporate in this report, the very serious problem of population increase in the State, as in the rest of India. India's population is increasing at a phenomenal rate of 50 to 60 lakhs per year. The over-all population of Mysore State is increasing at the rate of three lakhs per year, and in one decade the population increase in the State will be 30 lakhs. Unless measures are taken to control the very rapid increase of population, the public health problems like water-supply, sanitation, housing, nutrition, food-supply cannot be effectively tackled with any reasonable chance of success. I would, therefore, recommend, very strongly, that every District Hospital should be a centre for family planning with the following staff:—

|                                        |      |
|----------------------------------------|------|
| 1. Lady Medical Officer (if available) | .. 1 |
| 2. Lady Social Worker                  | .. 1 |
| 3. Ayah                                | .. 1 |

This would be in addition to extensive facilities provided at the District and Taluka level, for surgical measures of family limitation. It is advisable that, the problem should be tackled in High Schools. It may be necessary for Government to consider the advisability of including this subject in the High Schools and Colleges, as part of the general programme of Health Education.

#### (15) *Cleanliness*

Like Schools, Hospitals, must be temples where people learn cleanliness, orderliness and hygienic and sanitary methods of life. Therefore, Hospitals should serve not only as Centres, where the sick are treated, but also, to a large extent, as Centres where the preventive aspects of healthy living are taught, and exhibited, throughout the year. To this extent, nothing should be spared to make hospitals and dispensaries clean and tidy, by way of proper maintenance, annual repairs, liberal supply of linen, provision of adequate water supply, and a good underground system of sewage and sullage disposal.

(16) *Residential Accommodation*

Apart from the question of suitable emoluments and other problems of Government employees in the Medical Department, the other serious bottle-neck for young men and women to take up service is want of living accommodation in the rural and semi-urban areas. No parent would like to send his son or daughter, as a Doctor or his daughter as Nurse or a midwife, to a Hospital or Dispensary, where there are no living quarters. Therefore, it is of great importance, that staff quarters must be provided at the district level, taluka level and dispensary level, for all employees, as private residences are difficult to procure; and even if they are available, the officials concerned have to pay anything up to one-third of their incomes as house rent. An argument has been adduced, that employees in the Medical Department cannot be treated on a special footing, as against employees of other departments and that such facilities as residences at all levels cannot be given to them. In this connection, I may state that provision of medical facilities and provision of basic education must be the first charge on the State Exchequer, and these social services cannot be ignored; and money spent on these social services is not only an investment on the present generation but also on generations to come.

(17) *Blood Banks*

It is a matter of vital importance, that provision should be made for Blood Banks in all District and Taluka Hospitals. The suggestion does not necessitate maintenance of stored blood, except in centres where heavy demand is anticipated, like for instance, in Bellary and South Kanara, but the provision of technically trained personnel and equipment and group sera, with a view to afford opportunities for direct grouping and transfusion at short notice is absolutely essential. Modern surgery can be effectively done and done with negligible hazards, if transfusion facilities and a good anaesthetist are available; and therefore, Blood Transfusion services is a "must" in all District Hospitals and Taluk Hospitals with more than 50 beds.

(18) *Anæsthesia*

As I have said above, there should be a good trained anaesthetist in every District Headquarters Hospital and Taluk Hospital with supply of modern Anæsthetic equipment and

gases like Oxygen and  $N_2O$ . There is urgent need to train more Anæsthetists. We are very short of them at present.

#### (19) *Equipment*

All District and Taluka Hospitals with 50 beds and more, must have the following equipment :—

1. X-Ray apparatus.
2. Boyles' Anæsthesia Apparatus.
3. Microscope.
4. Operation Table.
5. Sterilizers, and
6. Nursing appliances.

#### (20) *Annual Repairs to Buildings*

The annual and petty repairs of hospital buildings and their maintenance in good condition is a function of the Public Works Department in many parts of the State. It is recommended, that this function should be vested in future with the District Medical Officers in the Districts and the Medical Superintendents in the City Hospitals, who will be required to submit their proposals to the Director of Medical Services with estimates in the month of September every year. These should be scrutinised by the Director of Medical Services, who will accord the necessary sanction in October. The work of annual repairs and maintenance will commence in November and will be finished by the end of February at the latest. After the execution of the work, the District Medical Officers and Medical Superintendents should get completion certificates from the Public Works Department, certifying that the work has been done satisfactorily. It is felt, that it will be an advantage in the long run, if the work of maintenance and repairs to buildings is vested in the Departmental officers, but under the general supervision of the Public Works Department, without the Public Works Department being burdened with administrative work in this respect.

#### (21) *Uniforms*

The Nurses and Class IV Officers, are not, in all cases, being provided with suitable uniforms. It is recommended, that uniforms should be supplied to them without delay.



In this connection, I strongly support the proposals contained in letter No. CR/946/ONG/208, dated 30th May 1960, from the Director of Medical Services, Bangalore, to Government regarding the supply of Uniform to Class IV servants and recommend, that the following uniforms may be supplied to various categories of servants :—

| Sl. No.                                                                  | Category of post.                                                                                                                                                                           | Uniforms recommended.               |                          |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| MALES.                                                                   |                                                                                                                                                                                             |                                     |                          |
| 1.                                                                       | Daffedar, Jamedar, Peons, O.P. Attendants, Male Ward Attendants, Nursing Orderlies, Lab. Attendants, X-Ray Attendants, Dhobies, Dispensary Attendants, Packers, Literate Packers, servants. | 2 Coats<br>2 Trousers<br>2 Caps     | White<br>Khadi<br>Drill. |
| 2.                                                                       | Cooks, Cook-mates, Diet Distributors..                                                                                                                                                      | 3 Shirts<br>3 Trousers<br>3 Caps    | Khadi<br>Khaki<br>Drill  |
| 3.                                                                       | Thotis Lascars, Gardeners, Wiremen, Watermen.                                                                                                                                               | 2 Coats<br>2 Trousers<br>2 Caps     | Khadi<br>Drill<br>Kahdi. |
| FEMALES.                                                                 |                                                                                                                                                                                             |                                     |                          |
| 4.                                                                       | Ward Ayahs, O.T. Attendants, Female O.P. Attendants.                                                                                                                                        | 2 White sarees,<br>2 White cholies, | } Khadi.                 |
| with blue border for all; but for female thotis and sweepers red border. |                                                                                                                                                                                             |                                     |                          |
| 5.                                                                       | Female Thotis, Female Sweepers, Water Women, etc.                                                                                                                                           | 2 Sarees<br>2 Cholies               | } White.                 |
| 6.                                                                       | Drivers, Cleaner, Watchmen..                                                                                                                                                                | 2 Coats<br>2 Trousers               |                          |

Officials

Officials

It is also recommended, that Government may sanction 2 sets of uniforms annually, as there is bound to be a fair amount of wear and tear owing to the heavy duties performed by these servants.

#### (22) *Library*

All District and Taluka Hospitals must be equipped with latest "Reference" books in the different subjects, viz., Medicine, Surgery, etc., and every District Hospitals should subscribe for at least, one weekly journal, like the "British Medical Journal" and one monthly like the "Practitioner". This should be circulated among the staff of the District Headquarters Hospitals and the rest of the District.

**(23) Contingent Amount**

In the District Hospitals representation was made to me, that the contingent amount now sanctioned for hospitals and dispensaries is very inadequate. The sanction having been given years ago, with the present rise in the cost of essential articles in daily use like kerosene oil, etc., the amount sanctioned is found to be very inadequate. I agree and suggest, that contingent amounts for the various categories of hospitals and dispensaries may be sanctioned as hereunder :—

|                    |    |         |
|--------------------|----|---------|
| 1. Dispensaries    | .. | Rs. 25  |
| 2. Taluk Hospitals | .. | Rs. 50  |
| 3. Other Hospitals | .. | Rs. 100 |

**(24) Contributions by Local Bodies**

One other serious bottle-neck for the supply of essential drugs to institutions, partly under the control of Local Bodies, is the question of countersignature. According to the current practice, countersignature has to be obtained from the heads of Local Bodies. This is not easily forthcoming. With the implementation of the Village Panchayat Act, I recommend, that the contributions to be paid to these Local Bodies by the State Government may be reduced to the extent of the contributions which these Local Bodies have to give to Government, for the supply of medicines for the hospitals and dispensaries in their jurisdiction.

If this arrangement could be made, the supplies can be made expeditiously without having to get the countersignature of the Local Bodies. I strongly recommended, that this procedure may be authorised with immediate effect.

**(25) Appointment of Leave Reserve Officers in Districts.**

On an average, in every District, there will be 30 to 50 dispensaries and hospitals, some of them with 1 Doctor, 1 Compounder and 1 Midwife or a Nurse, others with 2 Doctors, 2 Compounders, 2 Midwives or Nurses and a few with 3 Doctors or more, and an equal number of Compounders and Midwives or Nurses. When transfers are effected of personnel serving in Districts to institutions inside or outside the District, it is seen, that they do not go

and report for duty at the new station in time, thus leaving a temporary vacuum. It is also seen, that when persons go on short leave of 2 to 8 weeks' duration, on grounds of ill-health or for domestic reasons, the stations are left without substitutes. To overcome this difficulty, it is essential to create, on a permanent basis a leave reserve staff, which should normally work in the District Headquarters hospital or Taluk Hospitals. The numbers of leave reserve can be fixed on the basis of one person for every 10 of sanctioned strength, and if the sanctioned strength is more than 10 but less than 15, an additional leave reserve would not be necessary, but if the number is more than 15 but less than 20, one leave reserve extra must be sanctioned. I would suggest, that leave reserve staff be sanctioned for all institutions on the above basis in the State on a permanent basis in the case of Medical Officers, Nurses, Midwives and Compounders, and similarly in the Public Health Department.

(26) *Public Health Engineering, Lay Secretaries and Vital Statistics :*

(a) *Public Health Engineering Department.*—It is recommended, that an Officer from the Public Works Department of the rank of an Assistant Engineer be appointed in both the Medical and Public Health Departments to have effective supervision over the maintenance of existing buildings and construction works going on in the Department, as well as for the purpose of planning new works. He may be given the following staff to assist him :—

|                |    |    |     |
|----------------|----|----|-----|
| (i) Supervisor | .. | .. | One |
| (ii) Draftsmen | .. | .. | Two |

It is desirable to have blue prints of all the hospitals and dispensaries in each district of the State. These should be prepared by the Public Health Engineering Department and should be kept in bound volumes for records in the respective offices and in the Central Directorate.

*Type Designs of Hospitals.*—It is recommended, that type designs of hospitals and dispensaries with R.C.C. or tiles should be prepared for Taluk and Rural Dispensaries, and these should be adopted for new constructions as far as possible. I understand, that the Education Department has prepared type designs of schools in a similar way.

(b) *Appointment of Lay Secretaries.*—It is recommended, that a Lay Secretary should be appointed in each District Headquarters Hospital, who should assist the District Medical Officer in administrative work. This would reduce the workload of the District Medical Officer, who would then be able to devote more time to professional duties and to touring in the district. I understand, that at present Officers from the Revenue Department are appointed at these posts. It would be advantageous, if these posts are filled by Officers of the Medical and Public Health Department in future.

(c) *Bureau of Vital Statistics.*—The existing Bureau of Vital Statistics attached to the Public Health Department may be entrusted with the work of collecting statistics for the Medical Department also and the staff of the Bureau may be enhanced, if necessary. A graduate with special training in Statistics should be appointed on the staff of the Bureau.

As an immediate necessity, I recommend that the Statistical Section in the Office of the Director, Medical Services should be upgraded with a view to enlarge the scope of the work. Vital, Medical and Health statistics are of great importance in dealing effectively with both Preventive and Curative Medicine, as well as the Health Education of the masses.

(27) *Statistical data regarding Medical and Public Health Facilities in the Districts:*

(a) *Medical Facilities.*—In regard to medical facilities in all the Districts in Mysore State, necessary information is given in a publication entitled “Handbook on Medical Facilities in Mysore State, 1957”. It was published in 1958 by the Medical Department. The information given there is brought up to date and the latest statistical data are given in the statements, which follow:—

BANGALORE DISTRICT.

|                            |    |       |    |       |
|----------------------------|----|-------|----|-------|
| 1. Number of Institutions— | .. | ..    | .. | 97    |
| (a) (i) Hospitals          | .. | ..    | .. | 22    |
| (ii) Dispensaries          | .. | ..    | .. | 75    |
|                            |    |       |    | <hr/> |
|                            |    | Total | .. | 97    |
|                            |    |       |    | <hr/> |

|                                              |       |    |                  |                     |           |
|----------------------------------------------|-------|----|------------------|---------------------|-----------|
| (b) (i) Urban                                | ..    | .. | ..               | ..                  | 43        |
| (ii) Rural                                   | ..    | .. | ..               | ..                  | 54        |
|                                              |       |    | Total            | ..                  | 97        |
| (c) (i) Urban—Hospitals                      | ..    | .. | ..               | ..                  | 18        |
| (ii) Rural—Hospitals                         | ..    | .. | ..               | ..                  | 4         |
|                                              |       |    | Total            | ..                  | 22        |
| (d) (i) Urban—Dispensaries                   | ..    | .. | ..               | ..                  | 25        |
| (ii) Rural—Dispensaries                      | ..    | .. | ..               | ..                  | 50        |
|                                              |       |    | Total            | ..                  | 75        |
|                                              |       |    | <i>Hospitals</i> | <i>Dispensaries</i> |           |
| (e) (i) General                              | ..    | .. | 12               | 62                  |           |
| (ii) Women's                                 | ..    | .. | 10               | 13                  |           |
|                                              | Total | .. | 22               | 75                  |           |
| (f) (i) Government                           | ..    | .. | ..               | ..                  | 20        |
| (ii) Government aided                        | ..    | .. | ..               | ..                  | 4         |
| (iii) Local bodies                           | ..    | .. | ..               | ..                  | 72        |
| (iv) Others                                  | ..    | .. | ..               | ..                  | 1         |
|                                              |       |    | Total            | ..                  | 97        |
| 2. Population                                | ..    | .. | ..               | ..                  | 21,27,061 |
| 3. Area in Sq. Miles                         | ..    | .. | ..               | ..                  | 3,084.0   |
| 4. Average Population Institution            | ..    | .. | ..               | ..                  | 21,928.4  |
| 5. Average area per Institution in sq. Miles | ..    | .. | ..               | ..                  | 31.8      |
| 6. Sanctioned Bed Strength —                 | ..    | .. | ..               | ..                  | 3,642     |
| Men                                          | ..    | .. | 1,431            |                     |           |
| Women and Children                           | ..    | .. | 2,211            |                     |           |
| 7. In-door patients                          | ..    | .. | ..               | ..                  | 93,587    |
| Daily average                                | ..    | .. | 4,006.8          | ..                  |           |
| 8. Out-door patients                         | ..    | .. | ..               | ..                  | 27,38,851 |
| Daily average                                | ..    | .. | 13,981.3         | ..                  |           |
| 9. Parturition cases                         | ..    | .. | ..               | ..                  | 27,982    |
| 10. Surgical operations                      | ..    | .. | ..               | ..                  | 67,553    |
| 11. Doctors employed                         | ..    | .. | ..               | ..                  | 359       |
| Males                                        | ..    | .. | 261              |                     |           |
| Females                                      | ..    | .. | 98               |                     |           |
| 12. Income                                   | ..    | .. | ..               | Rs.                 | 56,53,443 |
| Expenditure                                  |       |    |                  | Rs.                 | 54,33,025 |

## 13. Laboratory Work—

|                                   |    |    |        |
|-----------------------------------|----|----|--------|
| (a) Victoria Hospital—In-patients | .. | .. | 57,365 |
| Out-patients                      | .. | .. | 58,322 |

|       |    |         |
|-------|----|---------|
| Total | .. | 115,687 |
|-------|----|---------|

|                                      |    |    |        |
|--------------------------------------|----|----|--------|
| (b) Bowring and Lady Curzon Hospital | .. | .. | 30,216 |
| (c) Vani Vilas Hospital              | .. | .. | 12,755 |
| (d) Mental Hospital                  | .. | .. | 7,233  |
| (e) S. D. S. Sanatorium              | .. | .. | 18,158 |
| (f) T. B. San., Old Madras Road      | .. | .. | 7,305  |
| (g) Minto Ophthalmic Hospital        | .. | .. | 14,910 |

## 14. Blood Bank—

|                                      |    |    |       |
|--------------------------------------|----|----|-------|
| (a) Victoria Hospital                | .. | .. | 4,548 |
| (b) Bowring and Lady Curzon Hospital | .. | .. | 892   |

## 15. Diabetic Clinic—

(a) Victoria Hospital—advice given to 200 patients

## 16. Dental Department—

|                                              |    |    |        |
|----------------------------------------------|----|----|--------|
| (a) Victoria Hospital—treated                | .. | .. | 15,845 |
| Operations                                   | .. | .. | 9,463  |
| (b) Bowring and Lady Curzon Hospital—treated | .. | .. | 16,521 |
| Operations                                   | .. | .. | 4,256  |

## 17. Radiological Department—

|                                       |       |    |        |
|---------------------------------------|-------|----|--------|
| (a) Victoria Hospital—                | Total | .. | 69,817 |
| (b) Bowring and Lady Curzon Hospital— | Total | .. | 50,299 |
| (c) T. B. Sanatorium, Civil Station—  | Total | .. | 3,000  |
| (d) S. D. S. Sanatorium—              | Total | .. | 6,477  |
| (e) Lady Willingdon Clinic —          | Total | .. | 14,600 |

## 18. Eye Department—

(a) Bowring and Lady Curzon Hospitals—

|            |    |          |
|------------|----|----------|
| Total      | .. | 1,049,37 |
| Operations | .. | 1,472    |

(b) Minto Ophthalmic Hospital—

|            |    |        |
|------------|----|--------|
| Total      | .. | 55,549 |
| Operations | .. | 14,437 |

## 19. E. N. T. Department—

Victoria Hospital—

|            |    |        |
|------------|----|--------|
| Total      | .. | 64,610 |
| Operations | .. | 4,418  |

(b) Bowring and Lady Curzon Hospitals—

|            |    |        |
|------------|----|--------|
| Total      | .. | 31,553 |
| Operations | .. | 722    |



20. Skin Department—

(a) Victoria Hospital— Total .. 23,833

21. Family Planning Clinic—

(a) Victoria Hospital—Sterilizations conducted .. 172

(b) Vani Vilas Hospital—Sterilizations conducted .. 61

(c) H. S. I. S. Gosha Hospital conducted by the Nurse attached to the Family Planning Clinic Cavalry Road, twice a week in the Out-patient Department.

22. Anti-Natal and Post-Natal Clinics—

(a) Vani Vilas Hospital— Total .. 8,661

(b) H. S. I. S. Gosha Hospital—conducted twice a week by the Medical Officer. ..

(c) Maternity Hospital, Malleswaram—Anti-Natal Clinic—Total ... .. 8,960

23. Anti-rabic Centres—

(a) Victoria Hospital

(b) Sub-Health Offices, Civil Station, Bangalore

24. Grant-in-aid—

| <i>Institutions</i>                                        | <i>Amount</i> |
|------------------------------------------------------------|---------------|
|                                                            | Rs.           |
| (a) St. Martha's Hospital .. ..                            | 4,920         |
| (b) Mysore Medical College Association .. ..               | 1,500         |
| (c) Seva Ashram Dispensary—Sreerampur .. ..                | 750           |
| (d) St. Theresa's Hospital, Rajajinagar .. ..              | 8,500         |
| (e) Church of South India Hospital, Bangalore ..           | 20,000        |
| (f) Deenaseva Free Dispensary, Seshadripuram ..            | 500           |
| (g) Kasturba Women and Children Welfare Centre, Bangalore. | 500           |
| (h) St. Martha's Hospital .. ..                            | 1,00,000      |
| (recommend to Government of India to be renewed.)          |               |
| (i) St. Martha's Hospital .. ..                            | 12,000        |
| (j) Ashakta Poshaka Sabha .. ..                            | 600           |

## CHICKMAGALUR DISTRICT.

|                                              |       |                  |                     |           |
|----------------------------------------------|-------|------------------|---------------------|-----------|
| 1. Number of Institutions—                   | ..    | ..               | ..                  | 50        |
| (a) (i) Hospitals                            | ..    | ..               | ..                  | 6         |
| (ii) Dispensaries                            | ..    | ..               | ..                  | 44        |
|                                              | ..    | ..               | Total               | 50        |
| (b) (i) Urban                                | ..    | ..               | ..                  | 2         |
| (ii) Rural                                   | ..    | ..               | ..                  | 48        |
|                                              | ..    | ..               | Total               | 50        |
| (c) (i) Urban Hospitals                      | ..    | ..               | ..                  | 2         |
| (ii) Rural Hospitals                         | ..    | ..               | ..                  | 4         |
|                                              | ..    | ..               | Total               | 6         |
| (d) (i) Urban Dispensaries                   | ..    | ..               | ..                  | ..        |
| (ii) Rural Dispensaries                      | ..    | ..               | ..                  | 44        |
|                                              | ..    | ..               | Total               | 44        |
|                                              |       | <i>Hospitals</i> | <i>Dispensaries</i> |           |
| (e) (i) General                              | ..    | 3                | 37                  | ..        |
| (ii) Women                                   | ..    | 3                | 7                   | ..        |
|                                              | Total | 6                | 44                  | ..        |
| (f) (i) Government                           | ..    | ..               | ..                  | 17        |
| (i) Government aided                         | ..    | ..               | ..                  | ..        |
| (iii) Local bodies                           | ..    | ..               | ..                  | 33        |
| (iv) Others                                  | ..    | ..               | ..                  | ..        |
|                                              |       | Total            | ..                  | 50        |
| 2. Population                                | ..    | ..               | ..                  | 4,17,538  |
| 3. Area in Sq. Miles                         | ..    | ..               | ..                  | 2,784.0   |
| 4. Average population Institutions           | ..    | ..               | ..                  | ..        |
| 5. Average area per Institution in Sq. Miles | ..    | ..               | ..                  | per. 55.7 |
| 6. Sanctioned Bed strength—                  | ..    | ..               | ..                  | 186       |
| Men                                          | ..    | 83               | ..                  | ..        |
| Women and Children                           | ..    | 103              | ..                  | ..        |
| 7. In-door patients                          | ..    | ..               | ..                  | 7,024     |
| Daily average                                | ..    | ..               | ..                  | 219.7     |

|     |                                                     |    |    |     |    |          |
|-----|-----------------------------------------------------|----|----|-----|----|----------|
| 8.  | Out-door patients                                   | .. | .. | ..  | .. | 5,73,070 |
|     | Daily average                                       | .. | .. | ..  | .. | 2,671.2  |
| 9.  | Parturition cases                                   | .. | .. | ..  | .. | 7,769    |
| 10. | Surgical operations                                 | .. | .. | ..  | .. | 6,100    |
| 11. | Doctors employed                                    | .. | .. | ..  | .. | 51       |
|     | Males                                               | .. | .. | 40  |    |          |
|     | Females                                             | .. | .. | 11  |    |          |
| 12. | Income                                              | .. | .. | ..  | .. | 3,93,884 |
|     | Expenditure                                         | .. | .. | ..  | .. | 3,93,865 |
| 13. | Laboratory Work—                                    |    |    |     |    |          |
|     | Mallegowda Hospital                                 | .. | .. | ..  | .. | 8,006    |
| 14. | Blood Bank—                                         |    |    |     |    |          |
| 15. | Diabetic Clinic—                                    |    |    |     |    |          |
|     | Ophthalmic Department                               | .. | .. | ..  | .. | 6,489    |
|     | Operations                                          | .. | .. | 301 |    |          |
| 16. | Dental Clinic—                                      |    |    |     |    |          |
| 17. | Radiological Department—                            |    |    |     |    |          |
| 18. | Eye Department—                                     |    |    |     |    |          |
|     | Mallegowda Hospital                                 | .. | .. | ..  | .. | 3,222    |
| 19. | E. N. T. Department—                                |    |    |     |    |          |
|     | Mallegowda Hospital                                 | .. | .. | ..  | .. | 1,189    |
|     | Operations                                          | .. | .. | 41  |    |          |
| 20. | Skin Department—                                    |    |    |     |    |          |
| 21. | Family Planning Clinic—                             |    |    |     |    |          |
| 22. | Anti-natal and Post-natal Clinic—                   |    |    |     |    |          |
| 23. | Anti-Rabic Centres—                                 |    |    |     |    |          |
|     | Mallegowda Hospital, Chickmagalur                   |    |    |     |    |          |
| 24. | Grant-in-aid Institutions—                          |    |    |     |    |          |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |     |    |          |
|     | Mallegowda Hospital—Venereal Diseases               | .. | .. | ..  | .. | 565      |
|     | Diabetic Diseases                                   | .. | .. | ..  | .. | 279      |
|     | Cirrhosis of Liver                                  | .. | .. | ..  | .. | 68       |
| 26. | Ophthalmic Section—                                 |    |    |     |    |          |

## CHITRADURGA DISTRICT.

|    |                         |    |    |    |    |           |
|----|-------------------------|----|----|----|----|-----------|
| 1. | Number of Institutions— | .. | .. | .. | .. | 56        |
|    | (a) (i) Hospitals       | .. | .. | .. | .. | 5         |
|    | (ii) Dispensaries       | .. | .. | .. | .. | 51        |
|    | Total                   | .. | .. | .. | .. | <u>56</u> |

|                                              |    |    |                  |                     |          |
|----------------------------------------------|----|----|------------------|---------------------|----------|
| (b) (i) Urban                                | .. | .. | ..               | ..                  | 5        |
| (ii) Rural                                   | .. | .. | ..               | ..                  | 51       |
| Total                                        | .. |    |                  |                     | 56       |
| (c) (i) Urban—Hospitals                      | .. | .. | ..               | ..                  | 5        |
| (ii) Rural—Hospitals                         | .. | .. | ..               | ..                  | ..       |
| Total                                        | .. |    |                  |                     | 5        |
| (d) (i) Urban—Dispensary                     | .. | .. | ..               | ..                  | ..       |
| (ii) Rural—Dispensaries                      | .. | .. | ..               | ..                  | 51       |
| Total                                        | .. |    |                  |                     | 51       |
|                                              |    |    | <i>Hospitals</i> | <i>Dispensaries</i> |          |
| (e) (i) General                              | .. | .. | 3                | 47                  |          |
| (ii) Women                                   | .. | .. | 2                | 4                   |          |
| Total                                        | .. |    | 5                | 51                  |          |
| (f) (i) Government                           | .. | .. | ..               | ..                  | 5        |
| (ii) Government aided                        | .. | .. | ..               | ..                  | ..       |
| (iii) Local bodies                           | .. | .. | ..               | ..                  | 51       |
| (iv) Others                                  | .. | .. | ..               | ..                  | ..       |
| Total                                        | .. |    |                  |                     | 56       |
| 2. Population                                | .. | .. | ..               | ..                  | 8,68,376 |
| 3. Area in Sq. Miles                         | .. | .. | ..               | ..                  | 4,190.0  |
| 4. Average Population Institution            | .. | .. | ..               | ..                  | 15,566.6 |
| 5. Average area per Institution in Sq. Miles | .. | .. | ..               | ..                  | 74.8     |
| 6. Sanctioned Bed Strength —                 | .. | .. | ..               | ..                  | 277      |
| Men                                          | .. | .. | 77               |                     |          |
| Women and Children                           | .. | .. | 150              |                     |          |
| 7. In-door patients                          | .. | .. | ..               | ..                  | 10,375   |
| Daily average                                | .. | .. | 270.4            | ..                  |          |
| 8. Out-door patients                         | .. | .. | ..               | ..                  | 7,79,552 |
| Daily average                                | .. | .. | 3,229.2          | ..                  |          |
| 9. Parturition cases                         | .. | .. | ..               | ..                  | 6,674    |
| 10. Surgical operations                      | .. | .. | ..               | ..                  | 9,953    |
| 11. Doctors employed                         | .. | .. | ..               | ..                  | 71       |
| Males                                        | .. | .. | 62               |                     |          |
| Females                                      | .. | .. | 9                |                     |          |
| 12. Income                                   | .. | .. | ..               | Rs.                 | 5,11,262 |
| Expenditure                                  | .. | .. | ..               | Rs.                 | 5,11,212 |

|                                                         |    |                  |    |       |
|---------------------------------------------------------|----|------------------|----|-------|
| 13. Laboratory Work—                                    | .. | ..               | .. | ..    |
| District Hospital, Chitaldrug                           | .. | ..               | .. | 427   |
| 14. Blood Bank—                                         |    |                  |    |       |
| 15. Diabetic Clinic—                                    |    |                  |    |       |
| 16. Dental Clinic—                                      |    |                  |    |       |
| 17. Radiological Department—                            |    |                  |    |       |
| District Hospital, Chitaldrug                           | .. | ..               | .. | 2,438 |
| 18. Eye Department—                                     |    |                  |    |       |
| 19. E. N. T. Department—                                |    |                  |    |       |
| District Hospital, Chitaldrug                           | .. | ..               | .. | 623   |
| 20. Skin Department—                                    |    |                  |    |       |
| 21. Family Planning Clinic—                             |    |                  |    |       |
| District Hospital, Chitaldrug Sterilizations—Operations |    |                  |    |       |
| 22. Anti-Natal and Post-Natal Clinic—                   |    |                  |    |       |
| District Hospital, Chitaldrug—Anti-Natal                | .. | ..               | .. | 837   |
| Do do Post-Natal                                        | .. | ..               | .. | 628   |
| 23. Anti-Rabic Centres—                                 |    |                  |    |       |
| 1. Civil Hospital, Chitaldrug                           |    |                  |    |       |
| 2. Local Fund Hospital, Davanagere                      |    |                  |    |       |
| 24. Grant-in-aid Institutions—                          |    |                  |    |       |
| 25. Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |                  |    |       |
| District Hospital, Chitaldrug                           | .. | 1,331 (Venereal) |    |       |
| District Hospital, Chitaldrug                           | .. | 76 (Diabetic)    |    |       |
| 26. Ophthalmic Section—                                 |    |                  |    |       |
| District Hospital, Chitaldrug                           |    | 6 Operations     |    |       |

## KOLAR DISTRICT.

|                            |    |    |       |    |
|----------------------------|----|----|-------|----|
| 1. Number of Institutions— | .. | .. | ..    | 74 |
| (a) (i) Hospitals          | .. | .. | ..    | 12 |
| (ii) Dispensaries          | .. | .. | ..    | 62 |
|                            |    |    | Total | 74 |
| (b) (i) Urban              | .. | .. | ..    | 11 |
| (ii) Rural                 | .. | .. | ..    | 63 |
|                            |    |    | Total | 74 |
| (c) (i) Urban—Hospitals    | .. | .. | ..    | 7  |
| (ii) Rural—Hospitals       | .. | .. | ..    | 5  |
|                            |    |    | Total | 12 |

|                                              |    |    |                  |                     |           |
|----------------------------------------------|----|----|------------------|---------------------|-----------|
| (d) (i) Urban—Dispensary                     | .. | .. | ..               | ..                  | 64        |
| (ii) Rural—Dispensaries                      | .. | .. | ..               | ..                  | 58        |
|                                              |    |    | Total            | ..                  | 62        |
|                                              |    |    |                  |                     |           |
|                                              |    |    | <i>Hospitals</i> | <i>Dispensaries</i> |           |
| (e) (i) General                              | .. | .. | 8                | 56                  |           |
| (ii) Women                                   | .. | .. | 4                | 6                   |           |
|                                              |    |    |                  |                     |           |
| Total                                        | .. | .. | 12               | 62                  |           |
|                                              |    |    |                  |                     |           |
| (f) (i) Government                           | .. | .. | ..               | ..                  | 10        |
| (ii) Government aided                        | .. | .. | ..               | ..                  | 2         |
| (iii) Local bodies                           | .. | .. | ..               | ..                  | 61        |
| (iv) Others                                  | .. | .. | ..               | ..                  | 1         |
|                                              |    |    | Total            | ..                  | 74        |
|                                              |    |    |                  |                     |           |
| 2. Population                                | .. | .. | ..               | ..                  | 11,29,875 |
| 3. Area in Sq. Miles                         | .. | .. | ..               | ..                  | 3,188.0   |
| 4. Average Population Institution            | .. | .. | ..               | ..                  | 15,268.6  |
| 5. Average area per Institution in Sq. Miles | .. | .. | ..               | ..                  | 43.1      |
| 6. Sanctioned Bed Strength —                 | .. | .. | ..               | ..                  | 622       |
| Men                                          | .. | .. | 255              | ..                  |           |
| Women and Children                           | .. | .. | 367              | ..                  |           |
| 7. In-door patients                          | .. | .. | ..               | ..                  | 18,495    |
| Daily average                                | .. | .. | 531.1            | ..                  |           |
| 8. Out-door patients                         | .. | .. | ..               | ..                  | 11,46,257 |
| Daily average                                | .. | .. | 5,310.9          | ..                  |           |
| 9. Parturition cases                         | .. | .. | ..               | ..                  | 8,061     |
| 10. Surgical operations                      | .. | .. | ..               | ..                  | 15,928    |
| 11. Doctors employed                         | .. | .. | ..               | ..                  | 100       |
| Males                                        | .. | .. | 81               | ..                  |           |
| Females                                      | .. | .. | 19               | ..                  |           |
| 12. Income                                   | .. | .. | ..               | Rs.                 | 10,10,763 |
| Expenditure                                  | .. | .. | ..               | Rs.                 | 9,89,597  |
| 13. Laboratory Work—                         |    |    |                  |                     |           |
| Sri Narasimharaja Hospital, Kolar            | .. | .. | ..               | ..                  | 9,099     |
| 14. Blood Bank—                              |    |    |                  |                     |           |
| 15. Diabetic Clinic—                         |    |    |                  |                     |           |
| 16. Dental Clinic—                           |    |    |                  |                     |           |
| 17. Radiological Department—                 |    |    |                  |                     |           |
| Sri Narasimharaja Hospital                   | .. | .. | ..               | ..                  | 2,155     |
| 18. Eye Department—                          |    |    |                  |                     |           |



|     |                                                     |    |    |     |       |
|-----|-----------------------------------------------------|----|----|-----|-------|
| 19. | E. N. T. Department—                                |    |    |     |       |
| 20. | Skin Department—                                    |    |    |     |       |
| 21. | Family Planning Clinic—                             |    |    |     |       |
|     | Sri Narasimharaja Hospital                          | .. | .. | ..  | 1,536 |
| 22. | Anti-Natal and Post-Natal Clinic—                   |    |    |     |       |
|     | Anti-Natal                                          | .. | .. | ..  |       |
|     | Post-Natal                                          | .. | .. | ..  | 856   |
| 23. | Anti-Rabic Centres—                                 |    |    |     |       |
|     | 1. Civil Hospital, Kolar.                           |    |    |     |       |
|     | 2. Health Officer, K.G.F.                           |    |    |     |       |
|     | 3. Local Fund Hospital, Chickballapur.              |    |    |     |       |
| 24. | Grant-in-aid Institutions—                          |    |    |     |       |
|     | 1. Combined Dispensary Chickballapur                | .. |    | Rs. | 1,550 |
|     | 2. R.T.C.M. Hospital                                | .. | .. | Rs. | 500   |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |     |       |
| 26. | Ophthalmic Section—                                 |    |    |     |       |

## HASSAN DISTRICT.

|    |                          |    |    |                  |                     |
|----|--------------------------|----|----|------------------|---------------------|
| 1. | Number of Institutions—  | .. | .. | ..               | 60                  |
|    | (a) (i) Hospitals        | .. | .. | ..               | 10                  |
|    | (ii) Dispensaries        | .. | .. | ..               | 50                  |
|    |                          |    |    | Total            | 60                  |
|    | (b) (i) Urban            | .. | .. | ..               | 5                   |
|    | (ii) Rural               | .. | .. | ..               | 55                  |
|    |                          |    |    | Total            | 60                  |
|    | (c) (i) Urban—Hospitals  | .. | .. | ..               | 3                   |
|    | (ii) Rural—Hospitals     | .. | .. | ..               | 7                   |
|    |                          |    |    | Total            | 10                  |
|    | (d) (i) Urban—Dispensary | .. | .. | ..               | 2                   |
|    | (ii) Rural—Dispensaries  | .. | .. | ..               | 48                  |
|    |                          |    |    | Total            | 50                  |
|    |                          |    |    | <i>Hospitals</i> | <i>Dispensaries</i> |
|    | (e) (i) General          | .. | .. | 5                | 43                  |
|    | (ii) Women               | .. | .. | 5                | 7                   |
|    | Total                    | .. |    | 10               | 50                  |

|                                              |    |    |         |     |          |
|----------------------------------------------|----|----|---------|-----|----------|
| ( <sup>5</sup> ) (i) Government              | .. | .. | ..      | ..  | 12       |
| (ii) Government aided                        | .. | .. | ..      | ..  | 3        |
| (iii) Local bodies                           | .. | .. | ..      | ..  | 45       |
| (iv) Others                                  | .. | .. | ..      | ..  | ..       |
|                                              |    |    | Total   | ..  | 60       |
| 2. Population                                | .. | .. | ..      | ..  | 7,15,135 |
| 3. Area in Sq. Miles                         | .. | .. | ..      | ..  | 2,638.0  |
| 4. Average Population Institutions           | .. | .. | ..      | ..  | 11,918.9 |
| 5. Average area per Institution in Sq. Miles | .. | .. | ..      | ..  | 44.0     |
| 6. Sanctioned Bed Strength —                 | .. | .. | ..      | ..  | 411      |
| Men                                          | .. | .. | 140     |     |          |
| Women and Children                           | .. | .. | 271     |     |          |
| 7. In-door patients                          | .. | .. | ..      | ..  | 13,598   |
| Daily average                                | .. | .. | 421.5   |     |          |
| 8. Out-door patients                         | .. | .. | ..      | ..  | 7,77,784 |
| Daily average                                | .. | .. | 3,516.1 | ..  |          |
| 9. Parturition cases                         | .. | .. | ..      | ..  | 6,784    |
| 10. Surgical operations                      | .. | .. | ..      | ..  | 9,977    |
| 11. Doctors employed                         | .. | .. | ..      | ..  | 68       |
| Males                                        | .. | .. | 52      |     |          |
| Females                                      | .. | .. | 16      |     |          |
| 12. Income                                   | .. | .. | ..      | Rs. | 5,24,703 |
| Expenditure                                  | .. | .. | ..      | Rs. | 5,43,057 |
| 13. Laboratory Work—                         |    |    |         |     |          |
| Sri Chamarajendra Hospital                   | .. | .. | ..      | ..  | 29,081   |
| 14. Blood Bank—                              |    |    |         |     |          |
| 15. Diabetic Clinic—                         |    |    |         |     |          |
| 16. Dental Clinic—                           |    |    |         |     |          |
| 17. Radiological Department—                 |    |    |         |     |          |
| Sri Chamarajendra Hospital                   | .. | .. | ..      | ..  | 4,139    |
| 18. Eye Department—                          |    |    |         |     |          |
| 19. E. N. T. Department—                     |    |    |         |     |          |
| 20. Skin Department—                         |    |    |         |     |          |
| 21. Family Planning Clinic—                  |    |    |         |     |          |
| Sri Chamarajendra Hospital—Sterilizations    | .. | .. | ..      | ..  | 49       |
| 22. Anti-natal and Post-natal Clinic—        |    |    |         |     |          |
| Sri Chamarajendra Hospital—Ante-Natal        | .. | .. | ..      | ..  | 2,804    |
| Post-Natal                                   | .. | .. | ..      | ..  | 426      |
| 23. Anti-Rabic Centres—                      |    |    |         |     |          |
| 1. Sri Chamarajendra Hospital, Hassan.       |    |    |         |     |          |
| 2. Crawford Hospital, Sakaleshpur.           |    |    |         |     |          |
| 3. Jayachamarajendra Hospital, Arsikere.     |    |    |         |     |          |

|                                                        |    |    |     |        |
|--------------------------------------------------------|----|----|-----|--------|
| 24. Grant-in-aid Institutions—                         | .. | .. | ..  | ..     |
| 1. R. C. Aided Dispensary, Settyhalli                  | .. | .. | Rs. | 651    |
| 2. Bedfarn Memorial Hospital                           | .. | .. | Rs. | 10,000 |
| 3. Kasturba Mat. Home, Channanayakanahally             | .. | .. | Rs. | 600    |
| 25. Venereal, Diabetic and Infantile Crihosis Clinics— |    |    |     |        |
| Sri Chamarajendra Hospital                             | .. | .. | ..  | 140    |
| 26. Ophthalmic Section—                                |    |    |     |        |
| 27. T. B. Clinic—                                      |    |    |     |        |
| Sri Chamarajendra Hospital                             | .. | .. | ..  | 289    |

## MANDYA DISTRICT.

|                            |    |    |                  |                     |          |
|----------------------------|----|----|------------------|---------------------|----------|
| 1. Number of Institutions— | .. | .. | ..               | ..                  | 42       |
| (a) (i) Hospitals          | .. | .. | ..               | ..                  | 4        |
| (ii) Dispensaries          | .. | .. | ..               | ..                  | 38       |
|                            |    |    | Total            | ..                  | 42       |
| (b) (i) Urban              | .. | .. | ..               | ..                  | 2        |
| (ii) Rural                 | .. | .. | ..               | ..                  | 40       |
|                            |    |    | Total            | ..                  | 42       |
| (c) (i) Urban—Hospitals    | .. | .. | ..               | ..                  | 2        |
| (ii) Rural—Hospitals       | .. | .. | ..               | ..                  | 2        |
|                            |    |    | Total            | ..                  | 4        |
| (d) (i) Urban—Dispensary   | .. | .. | ..               | ..                  | ..       |
| (ii) Rural—Dispensaries    | .. | .. | ..               | ..                  | 38       |
|                            |    |    | Total            | ..                  | 38       |
|                            |    |    | <i>Hospitals</i> | <i>Dispensaries</i> |          |
| (e) (i) General            | .. | .. | 2                | 34                  | ..       |
| (ii) Women                 | .. | .. | 2                | 4                   | ..       |
|                            |    |    | <hr/>            | <hr/>               |          |
| Total                      | .. | .. | 4                | 38                  | ..       |
| (f) (i) Government         | .. | .. | ..               | ..                  | 12       |
| (ii) Government aided      | .. | .. | ..               | ..                  | ..       |
| (iii) Local bodies         | .. | .. | ..               | ..                  | 30       |
| (iv) Others                | .. | .. | ..               | ..                  | ..       |
|                            |    |    | <hr/>            | <hr/>               |          |
|                            |    |    | Total            | ..                  | 42       |
| 2. Population              |    |    |                  |                     | 7,17,545 |
| 3. Area in Sq. Miles       |    |    |                  |                     | 1,917.0  |

|                                                         |    |    |                  |              |
|---------------------------------------------------------|----|----|------------------|--------------|
| 4. Average Population Institution                       | .. | .. | ..               | 17,084.4     |
| 5. Average area per Institution in Sq. Miles            | .. | .. | ..               | 45.6         |
| 6. Sanctioned Bed Strength —                            | .. | .. | ..               | 139          |
| Men                                                     | .. | .. | 61               |              |
| Women and Children                                      | .. | .. | 78               |              |
| 7. In-door patients                                     | .. | .. | ..               | 4,469        |
| Daily average                                           | .. | .. | 118.9            |              |
| 8. Out-door patients                                    | .. | .. | ..               | 5,76,716     |
| Daily average                                           | .. | .. | 2,421.4          |              |
| 9. Parturition cases                                    | .. | .. | ..               | 5,687        |
| 10. Surgical operations                                 | .. | .. | ..               | 4,910        |
| 11. Doctors employed                                    | .. | .. | ..               | 43           |
| Males                                                   | .. | .. | 36               |              |
| Females                                                 | .. | .. | 7                |              |
| 12. Income                                              | .. | .. | ..               | Rs. 3,24,610 |
| Expenditure                                             | .. | .. | ..               | Rs. 3,24,571 |
| 13. Laboratory Work—                                    |    |    |                  |              |
| General Hospital                                        | .. | .. | ..               | 7,426        |
| 14. Blood Bank—                                         |    |    |                  |              |
| 15. Diabetic Clinic—                                    |    |    |                  |              |
| 16. Dental Clinic—                                      |    |    |                  |              |
| 17. Radiological Department—                            |    |    |                  |              |
| General Hospital                                        | .. | .. | ..               | 149          |
| 18. Eye Department—                                     |    |    |                  |              |
| 19. E. N. T. Department—                                |    |    |                  |              |
| General Hospital                                        | .. | .. | ..               | 153          |
| 20. Skin Department—                                    |    |    |                  |              |
| 21. Family Planning Clinic—                             |    |    |                  |              |
| 22. Anti-Natal and Post-Natal Clinic—                   |    |    |                  |              |
| Genral Hospital— Anti-Natal                             | .. | .. | ..               | 1,250        |
| Post-Natal                                              | .. | .. | ..               | 423          |
| 23. Anti-Rabic Centres—                                 |    |    |                  |              |
| General Hospital, Mandya.                               |    |    |                  |              |
| 24. Grant-in-aid Institutions—                          |    |    |                  |              |
| Church of South India Hospital, Kastur                  | .. | .. | Rs. 50 per month |              |
| 25. Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |                  |              |
| 26. Ophthalmic Section—                                 |    |    |                  |              |
| General Hospital                                        | .. | .. | ..               | 388          |

## MYSORE DISTRICT.

|                                              |       |                  |                     |           |
|----------------------------------------------|-------|------------------|---------------------|-----------|
| 1. Number of Institutions—                   | ..    | ..               | ..                  | 84        |
| (i) Hospitals                                | ..    | ..               | ..                  | 16        |
| (ii) Dispensaries                            | ..    | ..               | ..                  | 69        |
|                                              |       | Total            | ..                  | 84        |
| (b) (i) Urban                                | ..    | ..               | ..                  | 24        |
| (ii) Rural                                   | ..    | ..               | ..                  | 60        |
|                                              |       | Total            | ..                  | 84        |
| (c) (i) Urban—Hospitals                      | ..    | ..               | ..                  | 10        |
| (ii) Rural—Hospitals                         | ..    | ..               | ..                  | 5         |
|                                              |       | Total            | ..                  | 15        |
| (d) (i) Urban—Dispensary                     | ..    | ..               | ..                  | 14        |
| (ii) Rural—Dispensaries                      | ..    | ..               | ..                  | 55        |
|                                              |       | Total            | ..                  | 69        |
|                                              |       | <i>Hospitals</i> | <i>Dispensaries</i> |           |
| (e) (i) General                              | ..    | 8                | 63                  |           |
| (ii) Women                                   | ..    | 7                | 6                   |           |
|                                              | Total | 15               | 69                  |           |
| (f) (i) Government                           | ..    | ..               | ..                  | 21        |
| (ii) Government aided                        | ..    | ..               | ..                  | 2         |
| (iii) Local bodies                           | ..    | ..               | ..                  | 61        |
| (iv) Others                                  | ..    | ..               | ..                  | ..        |
|                                              |       | Total            | ..                  | 84        |
| 2. Population                                | ..    | ..               | ..                  | 14,23,679 |
| 3. Area in Sq. Miles                         | ..    | ..               | ..                  | 4,623.0   |
| 4. Average Population Institutions           | ..    | ..               | ..                  | 16,948.6  |
| 5. Average area per Institution in Sq. Miles | ..    | ..               | ..                  | 55.0      |
| 6. Sanctioned Bed Strength —                 | ..    | ..               | ..                  | 1,408     |
| Men                                          | ..    | 526              |                     |           |
| Women and Children                           | ..    | 822              |                     |           |
| 7. In-door patients                          | ..    | ..               | ..                  | 41,272    |
| Daily average                                | ..    | 1,793.6          |                     |           |
| 8. Out-door patients                         | ..    | ..               | ..                  | 17,12,666 |
| Daily average                                | ..    | 7,696.6          |                     |           |

|     |                                                                                                                                                                  |    |     |             |     |           |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-------------|-----|-----------|
| 9.  | Parturition cases                                                                                                                                                | .. | ..  | ..          | ..  | 14,914    |
| 10. | Surgical operations                                                                                                                                              | .. | ..  | ..          | ..  | 29,121    |
| 11. | Doctors employed                                                                                                                                                 | .. | ..  | ..          | ..  | 167       |
|     | Males                                                                                                                                                            | .. | ..  | 132         |     |           |
|     | Females                                                                                                                                                          | .. | ..  | 35          |     |           |
| 12. | Income                                                                                                                                                           | .. | ..  | ..          | Rs. | 27,86,102 |
|     | Expenditure                                                                                                                                                      | .. | ..  | ..          | Rs. | 27,85,490 |
| 13. | Laboratory Work—                                                                                                                                                 |    |     |             |     |           |
|     | 1. Krishnarajendra Hospital                                                                                                                                      | .. | ..  | ..          |     | 1,06,494  |
|     | 2. Cheluvamba Hospital                                                                                                                                           | .. | ..  | ..          |     | 9,690     |
|     | 3. P. K. Sanatorium                                                                                                                                              | .. | ..  | ..          |     | 16,711    |
| 14. | Blood Bank—                                                                                                                                                      |    |     |             |     |           |
| 15. | Diabetic Clinic—                                                                                                                                                 |    |     |             |     |           |
| 16. | Dental Clinic—                                                                                                                                                   |    |     |             |     |           |
| 17. | Radiological Department—                                                                                                                                         |    |     |             |     |           |
|     | Krishnarajendra Hospital                                                                                                                                         | .. | ..  | ..          |     | 31,211    |
| 18. | Eye Department—                                                                                                                                                  |    |     |             |     |           |
|     | Krishnarajendra Hospital                                                                                                                                         | .. | ..  | ..          |     | 36,381    |
| 19. | E. N. T. Department—                                                                                                                                             |    |     |             |     |           |
|     | Krishnarajendra Hospital                                                                                                                                         | .. | ..  | ..          |     | 53,950    |
| 20. | Skin Department—                                                                                                                                                 |    |     |             |     |           |
| 21. | Family Planning Clinic—                                                                                                                                          |    |     |             |     |           |
| 22. | Anti-Natal and Post-Natal Clinic—                                                                                                                                |    |     |             |     |           |
|     | Cheluvamba Hospital—48 weekly and bi-weekly.                                                                                                                     |    |     |             |     |           |
| 23. | Anti-Rabic Centres—                                                                                                                                              |    |     |             |     |           |
|     | Krishnarajendra Hospital, Mysore.                                                                                                                                |    |     |             |     |           |
| 24. | Grant-in-aid Institutions—                                                                                                                                       |    |     |             |     |           |
|     | Government Hospital, Kollegal.                                                                                                                                   |    |     |             |     |           |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics—                                                                                                              |    |     |             |     |           |
|     | Holdsworth Memorial Hospital                                                                                                                                     | .. | Rs. | 20,000      |     |           |
|     | Holdsworth Memorial Hospital                                                                                                                                     | .. | Rs. | 10,000 P.A. |     |           |
| 26. | Ophthalmic Section—                                                                                                                                              |    |     |             |     |           |
|     | (a) Krishnarajendra Hospital                                                                                                                                     | .. | ..  | ..          |     | 84,423    |
|     | (b) Operations                                                                                                                                                   | .. | ..  | ..          |     | 4,185     |
| 27. | Blood Bank —                                                                                                                                                     |    |     |             |     |           |
|     | (a) Krishnarajendra Hospital—There is no blood bank functioning in this Hospital, but blood matching and grouping are being done in the Pathological Department. |    |     |             |     |           |
|     | (i) Blood matching and grouping                                                                                                                                  | .. | ..  | ..          |     | 181       |
|     | (ii) Blood transfusions                                                                                                                                          | .. | ..  | ..          |     | 51        |



## SHIMOGA DISTRICT.

|                                              |       |                  |                     |           |
|----------------------------------------------|-------|------------------|---------------------|-----------|
| 1. Number of Institutions —                  | ..    | ..               | ..                  | 56        |
| (a) (i) Hospitals                            | ..    | ..               | ..                  | 11        |
| (ii) Dispensaries                            | ..    | ..               | ..                  | 45        |
|                                              |       |                  | Total               | 56        |
| (b) (i) Urban                                | ..    | ..               | ..                  | 6         |
| (ii) Rural                                   | ..    | ..               | ..                  | 50        |
|                                              |       |                  | Total               | 56        |
| (c) (i) Urban—Hospitals                      | ..    | ..               | ..                  | 2         |
| (ii) Rural—Hospitals                         | ..    | ..               | ..                  | 9         |
|                                              |       |                  | Total               | 11        |
| (d) (i) Urban—Dispensary                     | ..    | ..               | ..                  | 4         |
| (ii) Rural—Dispensaries                      | ..    | ..               | ..                  | 41        |
|                                              |       |                  | Total               | 45        |
|                                              |       | <i>Hospitals</i> | <i>Dispensaries</i> |           |
| (e) (i) General                              | ..    | 6                | 40                  |           |
| (ii) Women                                   | ..    | 5                | 5                   |           |
|                                              | Total | 11               | 45                  |           |
| (f) (i) Government                           | ..    | ..               | ..                  | 22        |
| (ii) Government aided                        | ..    | ..               | ..                  | 2         |
| (iii) Local bodies                           | ..    | ..               | ..                  | 31        |
| (iv) Others                                  | ..    | ..               | ..                  | 1         |
|                                              |       | Total            | ..                  | 56        |
| 2. Population                                | ..    | ..               | ..                  | 63,63,315 |
| 3. Area in Sq. Miles                         | ..    | ..               | ..                  | 4,050.0   |
| 4. Average Population Institutions           | ..    | ..               | ..                  | 11,844.9  |
| 5. Average area per Institution in Sq. Miles | ..    | ..               | ..                  | 72.3      |
| 6. Sanctioned Bed Strength —                 | ..    | ..               | ..                  | 640       |
| Men                                          | ..    | 255              | ..                  |           |
| Women and Children                           | ..    | 385              | ..                  |           |
| 7. In-door patients                          | ..    | ..               | ..                  | 19,873    |
| Daily average                                | ..    | 624.8            | ..                  |           |
| 8. Out-door patients                         | ..    | ..               | ..                  | 9,20,877  |
| Daily average                                | ..    | 4,551.0          | ..                  |           |

|     |                                                                                                            |    |    |     |                   |
|-----|------------------------------------------------------------------------------------------------------------|----|----|-----|-------------------|
| 9.  | Parturition cases                                                                                          | .. | .. | ..  | 5,610             |
| 10. | Surgical operations                                                                                        | .. | .. | ..  | 12,998            |
| 11. | Doctors employed                                                                                           | .. | .. | ..  | 79                |
|     | Males                                                                                                      | .. | .. | 62  |                   |
|     | Females                                                                                                    | .. | .. | 17  |                   |
| 12. | Income                                                                                                     | .. | .. | ..  | Rs. 6,79,119      |
|     | Expenditure                                                                                                | .. | .. | ..  | Rs. 6,71,789      |
| 13. | Laboratory Work—<br>McGann Hospital                                                                        | .. | .. | ..  | 26,439            |
| 14. | Blood Bank—                                                                                                |    |    |     |                   |
| 15. | Diabetic Clinic—<br>Ophthalmic Department<br>Operations                                                    | .. | .. | 301 | 6,489             |
| 16. | Dental Clinic—                                                                                             |    |    |     |                   |
| 17. | Radiological Department—<br>McGann Hospital                                                                | .. | .. | ..  | 15,614            |
| 18. | Eye Department—                                                                                            |    |    |     |                   |
| 19. | E. N. T. Department—<br>McGann Hospital                                                                    | .. | .. | ..  | 251               |
| 20. | Skin Department—                                                                                           |    |    |     |                   |
| 21. | Family Planning Clinic—<br>McGann Hospital                                                                 | .. | .. | ..  | 680               |
| 22. | Anti-Natal and Post-natal Clinic—<br>Ante-Natal Clinic—Mc Gann Hospital                                    | .. | .. | ..  | 9,521             |
| 23. | Anti-Rabic Centres—<br>1. McGann Hospital, Shimoga.<br>2. Local Fund Hospital, Thirthahalli.               |    |    |     |                   |
| 24. | Grant-in-aid Institutions—<br>Nirmala Hospital, Bhadravathi<br>Mary Immaculate Girls' High School, Shimoga | .. | .. | ..  | 29,000<br>40 P.M. |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics—                                                        |    |    |     |                   |
| 26. | Ophthalmic Section—<br>McGann Hospital                                                                     | .. | .. | ..  | 695               |
| 27. | T. B. Clinic—<br>McGann Hospital                                                                           | .. | .. | ..  | 358               |

## TUMKUR DISTRICT.

|    |                         |    |    |       |    |
|----|-------------------------|----|----|-------|----|
| 1. | Number of Institutions— | .. | .. | ..    | 52 |
|    | (a) (i) Hospitals       | .. | .. | ..    | 4  |
|    | (ii) Dispensaries       | .. | .. | ..    | 48 |
|    |                         |    |    |       |    |
|    |                         |    |    | Total | 52 |

|                                              |       |    |                  |                     |           |
|----------------------------------------------|-------|----|------------------|---------------------|-----------|
| (b) (i) Urban                                | ..    | .. | ..               | ..                  | 3         |
| (ii) Rural                                   | ..    | .. | ..               | ..                  | 49        |
|                                              |       |    | Total            | ..                  | 52        |
| (c) (i) Urban—Hospitals                      | ..    | .. | ..               | ..                  | 2         |
| (ii) Rural—Hospitals                         | ..    | .. | ..               | ..                  | 2         |
|                                              |       |    | Total            | ..                  | 4         |
| (d) (i) Urban—Dispensary                     | ..    | .. | ..               | ..                  | 1         |
| (ii) Rural—Dispensaries                      | ..    | .. | ..               | ..                  | 47        |
|                                              |       |    | Total            | ..                  | 48        |
|                                              |       |    | <i>Hospitals</i> | <i>Dispensaries</i> |           |
| (e) (i) General                              | ..    | .. | 2                | 43                  |           |
| (ii) Women                                   | ..    | .. | 2                | 5                   |           |
|                                              | Total | .. | 4                | 48                  |           |
| (f) (i) Government                           | ..    | .. | ..               | ..                  | 3         |
| (ii) Government aided                        | ..    | .. | ..               | ..                  | ..        |
| (iii) Local bodies                           | ..    | .. | ..               | ..                  | 49        |
| (iv) Others                                  | ..    | .. | ..               | ..                  | ..        |
|                                              |       |    | Total            | ..                  | 52        |
| 2. Population                                | ..    | .. | ..               | ..                  | 11,51,362 |
| 3. Area in Sq. Miles                         | ..    | .. | ..               | ..                  | 4,091.0   |
| 4. Average Population Institutions           | ..    | .. | ..               | ..                  | 22,141.6  |
| 5. Average area per Institution in Sq. Miles | ..    | .. | ..               | ..                  | 78.7      |
| 6. Sanctioned Bed Strength —                 | ..    | .. | ..               | ..                  | 264       |
| Men                                          | ..    | .. | 109              |                     |           |
| Women and Children                           | ..    | .. | 155              |                     |           |
| 7. In-door patients                          | ..    | .. | ..               | ..                  | 10,632    |
| Daily average                                | ..    | .. | 303.5            |                     |           |
| 8. Out-door patients                         | ..    | .. | ..               | ..                  | 9,78,311  |
| Daily average                                | ..    | .. | 4,156.2          |                     |           |
| 9. Parturition cases                         | ..    | .. | ..               | ..                  | 10,253    |
| 10. Surgical operations                      | ..    | .. | ..               | ..                  | 1,253     |
| 11. Doctors employed                         | ..    | .. | ..               | ..                  | 61        |
| Males                                        | ..    | .. | 53               |                     |           |
| Females                                      | ..    | .. | 8                |                     |           |
| 12. Income                                   | ..    | .. | ..               | Rs.                 | 4,86,489  |
| Expenditure                                  | ..    | .. | ..               | Rs.                 | 4,86,467  |

|     |                                                     |    |    |    |    |       |
|-----|-----------------------------------------------------|----|----|----|----|-------|
| 13. | Laboratory Work—                                    |    |    |    |    |       |
|     | New General Hospital                                | .. | .. | .. | .. | 9,555 |
| 14. | Blood Bank—                                         |    |    |    |    |       |
| 15. | Diabetic Clinic—                                    |    |    |    |    |       |
| 16. | Dental Clinic—                                      |    |    |    |    |       |
|     | New General Hospital                                | .. | .. | .. | .. | 292   |
| 17. | Radiological Department—                            |    |    |    |    |       |
|     | New General Hospital                                | .. | .. | .. | .. | 3,941 |
| 18. | Eye Department—                                     |    |    |    |    |       |
| 19. | E. N. T. Department—                                |    |    |    |    |       |
|     | New General Hospital                                | .. | .. | .. | .. | 5,717 |
|     | Operations                                          | .. | .. | .. | .. | 147   |
| 20. | Skin Department—                                    |    |    |    |    |       |
| 21. | Family Planning Clinic—                             |    |    |    |    |       |
| 22. | Anti-Natal and Post-Natal Clinic—                   |    |    |    |    |       |
|     | New General Hospital— Anti-Natal and Post-Natal     |    |    |    |    | 1,818 |
| 23. | Anti-Rabic Centres—                                 |    |    |    |    |       |
|     | New General Hospital, Tumkur.                       |    |    |    |    |       |
| 24. | Grant-in-aid Institutions—                          |    |    |    |    |       |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |    |    |       |
| 26. | Ophthalmic Section—                                 |    |    |    |    |       |
|     | New General Hospital                                | .. | .. | .. | .. | 5,579 |
|     | Operations                                          | .. | .. | .. | .. | 935   |

## BELLARY DISTRICT.

|    |                          |    |    |    |    |    |
|----|--------------------------|----|----|----|----|----|
| 1. | Number of Institutions—  | .. | .. | .. | .. | 28 |
|    | (a) (i) Hospitals        | .. | .. | .. | .. | 12 |
|    | (ii) Dispensaries        | .. | .. | .. | .. | 16 |
|    | Total                    | .. |    |    |    | 28 |
|    | (b) (i) Urban            | .. | .. | .. | .. | 10 |
|    | (ii) Rural               | .. | .. | .. | .. | 18 |
|    | Total                    | .. |    |    |    | 28 |
|    | (c) (i) Urban—Hospitals  | .. | .. | .. | .. | 8  |
|    | (ii) Rural—Hospitals     | .. | .. | .. | .. | 4  |
|    | Total                    | .. |    |    |    | 12 |
|    | (d) (i) Urban—Dispensary | .. | .. | .. | .. | 2  |
|    | (ii) Rural—Dispensaries  | .. | .. | .. | .. | 14 |
|    | Total                    | .. |    |    |    | 16 |

|                                              |    |    | <i>Hospitals</i> | <i>Dispensaries</i> |
|----------------------------------------------|----|----|------------------|---------------------|
| (e) (i) General                              | .. | .. | 10               | 15                  |
| (ii) Women                                   | .. | .. | 2                | 1                   |
| Total                                        | .. | .. | 12               | 16                  |
| (f) (i) Government                           | .. | .. | ..               | 15                  |
| (ii) Government aided                        | .. | .. | ..               | ..                  |
| (iii) Local bodies                           | .. | .. | ..               | 12                  |
| (iv) Others                                  | .. | .. | ..               | 1                   |
| Total                                        | .. | .. | ..               | 28                  |
| 2. Population                                | .. | .. | ..               | 7,73,217            |
| 3. Area in Sq. Miles                         | .. | .. | ..               | 3,820.0             |
| 4. Average Population Institution            | .. | .. | ..               | 27,652.6            |
| 5. Average area per Institution in Sq. Miles | .. | .. | ..               | 136.4               |
| 6. Sanctioned Bed Strength —                 | .. | .. | ..               | 611                 |
| Men                                          | .. | .. | 388              |                     |
| Women and Children                           | .. | .. | 223              |                     |
| 7. In-door patients                          | .. | .. | ..               | 14,488              |
| Daily average                                | .. | .. | 624.4            |                     |
| 8. Out-door patients                         | .. | .. | ..               | 3,85,271            |
| Daily average                                | .. | .. | 2,313.7          |                     |
| 9. Parturition cases                         | .. | .. | ..               | 3,427               |
| 10. Surgical operations                      | .. | .. | ..               | 9,883               |
| 11. Doctors employed                         | .. | .. | ..               | 52                  |
| Males                                        | .. | .. | 45               |                     |
| Females                                      | .. | .. | 7                |                     |
| 12. Income                                   | .. | .. | ..               | Rs. 8,06,481        |
| Expenditure                                  | .. | .. | ..               | Rs. 7,91,465        |
| 13. Laboratory Work—                         |    |    |                  |                     |
| Wellesley T. B. Sanatorium                   | .. | .. | ..               | 15,733              |
| 14. Blood Bank—                              |    |    |                  |                     |
| 15. Diabetic Clinic—                         |    |    |                  |                     |
| 16. Dental Clinic—                           |    |    |                  |                     |
| Headquarters Hospital                        | .. | .. | ..               | 7,204               |
| 17. Radiological Department—                 |    |    |                  |                     |
| Headquarters Hospital                        | .. | .. | ..               | 7,110               |
| Wellesley T. B. Sanatorium                   | .. | .. | ..               | 6,168               |
| 18. Eye Department—                          |    |    |                  |                     |
| 19. E. N. T. Department—                     |    |    |                  |                     |
| Headquarters Hospital                        | .. | .. | ..               | 3,437               |
| 20. Skin Department—                         |    |    |                  |                     |
| Headquarters Hospital                        | .. | .. | ..               | 100                 |
| 21. Family Planning Clinic—                  |    |    |                  |                     |

22. Anti-natal and Post-natal Clinic—
23. Anti-Rabic Centres—
1. Headquarters Hospital, Bellary.
  2. Government Hospital, Hospet.
  3. Government Hospital, Sandur.
  4. Government Dispensary, Siruguppa.
  5. Government Dispensary, Harapanahally.
  6. L. F. Dispensary, Hadagalli.
  7. L. F. Dispensary, Kudligi.
  8. L. F. Dispensary, Kurugodu.
  9. L. F. Dispensary, Kampli.
24. Grant-in-aid Institutions —
- L. F. Dispensary, Kurugodu and Kampli LLH 68—MDS 58,  
dated 7th August 1958, Maintenance Grant Rs. 1,209-80 nP.
25. Venereal, Diabetic and Infantile Cirrhosis clinics—
26. Ophthalmic Section—
- |                       |    |    |    |    |       |
|-----------------------|----|----|----|----|-------|
| Headquarters Hospital | .. | .. | .. | .. | 4,324 |
|-----------------------|----|----|----|----|-------|

#### BELGAUM DISTRICT.

|                            |    |    |                  |                     |
|----------------------------|----|----|------------------|---------------------|
| 1. Number of Institutions— | .. | .. | ..               | 40                  |
| (a) (i) Hospitals          | .. | .. | ..               | 6                   |
| (ii) Dispensaries          | .. | .. | ..               | 34                  |
|                            |    |    | Total            | 40                  |
| (b) (i) Urban              | .. | .. | ..               | 4                   |
| (ii) Rural                 | .. | .. | ..               | 36                  |
|                            |    |    | Total            | 40                  |
| (c) (i) Urban—Hospitals    | .. | .. | ..               | 2                   |
| (ii) Rural—Hospitals       | .. | .. | ..               | 4                   |
|                            |    |    | Total            | 6                   |
| (d) (i) Urban—Dispensary   | .. | .. | ..               | 2                   |
| (ii) Rural—Dispensaries    | .. | .. | ..               | 32                  |
|                            |    |    | Total            | 34                  |
|                            |    |    | <i>Hospitals</i> | <i>Dispensaries</i> |
| (e) (i) General            | .. | .. | 6                | 31                  |
| (ii) Women                 | .. | .. | ..               | ..                  |
|                            |    |    | Total            | 34                  |

|                                              |    |        |                  |     |           |
|----------------------------------------------|----|--------|------------------|-----|-----------|
| (f) (i) Government                           | .. | ..     | ..               | ..  | 14        |
| (ii) Government aided                        | .. | ..     | ..               | ..  | ..        |
| (iii) Local bodies                           | .. | ..     | ..               | ..  | 23        |
| (iv) Others                                  | .. | ..     | ..               | ..  | 3         |
|                                              |    |        | Total            | ..  | 40        |
| 2. Population                                | .. | ..     | ..               | ..  | 16,46,395 |
| 3. Area in Sq. Miles                         | .. | ..     | ..               | ..  | 5,158.7   |
| 4. Average Population Institution            | .. | ..     | ..               | ..  | 41,159.9  |
| 5. Average area per Institution in Sq. Miles | .. | ..     | ..               | ..  | 129.0     |
| 6. Sanctioned Bed Strength —                 | .. | ..     | ..               | ..  | 304       |
| Men                                          | .. | ..     | 164              |     |           |
| Women and Children                           | .. | ..     | 140              |     |           |
| 7. In-door patients                          | .. | ..     | ..               | ..  | 13,188    |
| Daily average                                | .. | ..     | 398.0            |     |           |
| 8. Out-door patients                         | .. | ..     | ..               | ..  | 2,08,292  |
| Daily average                                | .. | ..     | 2,035.1          |     |           |
| 9. Parturition cases                         | .. | ..     | ..               | ..  | 2,117     |
| 10. Surgical operations                      | .. | ..     | ..               | ..  | 8,134     |
| 11. Doctors employed                         | .. | ..     | ..               | ..  | 47        |
| Males                                        | .. | ..     | 46               |     |           |
| Females                                      | .. | ..     | 1                |     |           |
| 12. Income                                   | .. | ..     | ..               | Rs. | 6,77,797  |
| Expenditure                                  | .. | ..     | ..               | Rs. | 5,76,858  |
| Civil Hospital, Belgaum                      | .. | ..     | ..               | ..  | 17,979    |
| T. B. Clinic                                 | .. | ..     | ..               | ..  | 258       |
| 13. Laboratory Work—                         |    |        |                  |     |           |
| 14. Blood Bank—                              |    |        |                  |     |           |
| 15. Diabetic Clinic—                         |    |        |                  |     |           |
| 16. Dental Clinic—                           |    |        |                  |     |           |
|                                              |    | 929    |                  |     |           |
| 17. Radiological Department—                 |    |        |                  |     |           |
|                                              |    | 14,960 |                  |     |           |
| 18. Eye Department—                          |    |        |                  |     |           |
| 19. E. N. T. Department—                     |    |        |                  |     |           |
|                                              |    | 923    |                  |     |           |
| 20. Skin Department—                         |    |        |                  |     |           |
| 21. Family Planning Clinic—                  |    |        |                  |     |           |
| 22. Anti-natal and Post-natal Clinic—        |    |        |                  |     |           |
| Anti-Natal                                   | .. | 511    | (Civil Hospital) |     |           |
| Post-Natal                                   | .. | 45     | do               |     |           |
| 23. Anti-Rabic Centres—                      |    |        |                  |     |           |
| Civil, Hospital, Belgaum.                    |    |        |                  |     |           |
| 24. Grant-in-aid Institutions—               |    |        |                  |     |           |



|                                                         |    |    |    |    |     |
|---------------------------------------------------------|----|----|----|----|-----|
| 25. Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |    |    |     |
| V. D. Clinic                                            | .. | .. | .. | .. | 327 |
| 26. Ophthalmic Section—                                 |    |    |    |    |     |
| Civil Hospital                                          | .. | .. | .. | .. | 563 |
| 27. T. B. Clinic                                        | .. | .. | .. | .. | 410 |

|                                            |             |           |                 |  |
|--------------------------------------------|-------------|-----------|-----------------|--|
| Grant-in-Aid—                              |             | Rs. nP.   |                 |  |
| 1. President, Gokak Municipality           |             | 165.96    | II FYP          |  |
| A3/694/1958/13-7-1958.                     |             |           |                 |  |
| 2. D.L.B. Belgaum                          | ..          | 155.87    |                 |  |
| 3. Chikodi Dispensary DLB. (Maintenance    |             | 2,352     | A3/194/1959     |  |
| Grant).                                    |             |           | 30-12-1958.     |  |
| 4. Hukkeri (Maintenance Grant)             | ..          | 2,352     | do              |  |
| 5. Khanapura (Maintenance Grant)           | ..          | 2,352     | do              |  |
| 6. Pachapura (Maintenance Grant)           | ..          | 2,352     | do              |  |
| 7. Gokak Dispensary Municipality           |             | 2,352     | do              |  |
| (Maintenance Grant)                        |             |           |                 |  |
| 8. Bail Hongal Municipality (Main-         |             | 2,352     | do              |  |
| tenance Grant).                            |             |           |                 |  |
| 9. Hamadurg Municipality (Maintenance      |             | 6,172     | do              |  |
| Grant).                                    |             |           |                 |  |
| 10. Athony Municipality (Maintenance       |             | 2,352     | do              |  |
| Grant).                                    |             |           | LLH 54.         |  |
| 11. D.L.B. Belgaum Mat. Home and           |             |           |                 |  |
| Mughalkhan Hubli                           | 4,898.50    | 4398.50   | MOD 59          |  |
| non-recurring                              |             | Building  | 4-3-1959        |  |
|                                            |             | grant     |                 |  |
| 12. D.L.B. Belgaum                         | 2243.25 nP. | 2243.25   | Building grant. |  |
| 13. Saundatti Municipality                 | ..          | 40.34 nP. | II F.Y.P        |  |
| 14. Karnatak Health Institute, Ghataprabha | 5,000       | do        |                 |  |

## BIDAR DISTRICT.

|                            |    |       |    |    |
|----------------------------|----|-------|----|----|
| 1. Number of Institutions— | .. | ..    | .. | 10 |
| (a) (i) Hospitals          | .. | ..    | .. | 1  |
| (ii) Dispensaries          | .. | ..    | .. | 9  |
|                            |    | Total | .. | 10 |
| (b) (i) Urban              | .. | ..    | .. | 4  |
| (ii) Rural                 | .. | ..    | .. | 6  |
|                            |    | Total | .. | 10 |

|                                                    |                                      |
|----------------------------------------------------|--------------------------------------|
| (c) (i) Urban Hospitals .. ..                      | 1                                    |
| (ii) Rural Hospitals .. ..                         | ..                                   |
| Total ..                                           | 1                                    |
| (d) (i) Urban Dispensaries .. ..                   | 3                                    |
| (ii) Rural Dispensaries .. ..                      | 6                                    |
| Total ..                                           | 9                                    |
|                                                    | <i>Hospitals</i> <i>Dispensaries</i> |
| (e) (i) General .. ..                              | 1      9                             |
| (ii) Women .. ..                                   | ..      ..                           |
| Total ..                                           | 1      9                             |
| (f) (i) Government .. ..                           | 10                                   |
| (ii) Government aided .. ..                        | ..                                   |
| (iii) Local bodies .. ..                           | ..                                   |
| (iv) Others .. ..                                  | ..                                   |
| Total ..                                           | ..                                   |
| 2. Population .. ..                                | 5,52,141                             |
| 3. Area in Sq. Miles .. ..                         | 2,072.7                              |
| 4. Average population Institutions .. ..           | 55,214.1                             |
| 5. Average area per Institution in Sq. miles .. .. | 207.3                                |
| 6. Sanctioned Bed strength—                        | 126                                  |
| Men .. ..                                          | 82                                   |
| Women and Children .. ..                           | 44                                   |
| 7. In-door patients .. ..                          | 3,469                                |
| Daily average .. ..                                | 82.7                                 |
| 8. Out-door patients .. ..                         | 2,35,572                             |
| Daily average .. ..                                | 12,38.2                              |
| 9. Parturition cases .. ..                         | 1,815                                |
| 10. Surgical operations .. ..                      | 5,072                                |
| 11. Doctors employed .. ..                         | 11                                   |
| Males .. ..                                        | 10                                   |
| Females .. ..                                      | 1                                    |
| 12. Income .. ..                                   | 1,50,897                             |
| Expenditure .. ..                                  | 1,48,963                             |
| 13. Laboratory Work—                               |                                      |
| 14. Blood Bank—                                    |                                      |
| 15. Diabetic Clinic—                               |                                      |
| 16. Dental Clinic—                                 |                                      |
| Civil Hospital Bidar .. ..                         | 2,651                                |
| T. B. Clinic, Bidar .. ..                          | 308                                  |

|     |                                                     |    |    |    |       |
|-----|-----------------------------------------------------|----|----|----|-------|
| 17. | Radiological Department—                            |    |    |    |       |
| 18. | Eye Department—                                     |    |    |    |       |
| 19. | E. N. T. Department—                                |    |    |    |       |
|     | Civil Hospital, Bidar                               | .. | .. | .. | 6,003 |
| 20. | Skin Department—                                    |    |    |    |       |
| 21. | Family Planning Clinic—                             |    |    |    |       |
| 22. | Anti-natal and Post-natal Clinic—                   |    |    |    |       |
| 23. | Anti-Rabic Centres—                                 |    |    |    |       |
|     | Civil Hospital, Bidar                               | .. | .. | .. |       |
| 24. | Grant-in-aid Institutions—                          |    |    |    |       |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |    |       |
| 26. | Ophthalmic Section—                                 |    |    |    |       |
|     | Civil Hospital                                      | .. | .. | .. | 2,903 |

## BIJAPUR DISTRICT.

|    |                            |    |                  |                     |       |
|----|----------------------------|----|------------------|---------------------|-------|
| 1. | Number of Institutions—    | .. | ..               | ..                  | 29    |
|    | (a) (i) Hospitals          | .. | ..               | ..                  | 4     |
|    | (ii) Dispensaries          | .. | ..               | ..                  | 25    |
|    |                            |    |                  |                     | <hr/> |
|    | Total                      | .. |                  |                     | 29    |
|    |                            |    |                  |                     | <hr/> |
|    | (b) (i) Urban              | .. | ..               | ..                  | 4     |
|    | (ii) Rural                 | .. | ..               | ..                  | 25    |
|    |                            |    |                  |                     | <hr/> |
|    | Total                      | .. |                  |                     | 29    |
|    |                            |    |                  |                     | <hr/> |
|    | (c) (i) Urban Hospitals    | .. | ..               | ..                  | 2     |
|    | (ii) Rural Hospitals       | .. | ..               | ..                  | 2     |
|    |                            |    |                  |                     | <hr/> |
|    | Total                      | .. |                  |                     | 4     |
|    |                            |    |                  |                     | <hr/> |
|    | (d) (i) Urban Dispensaries | .. | ..               | ..                  | 2     |
|    | (ii) Rural Dispensaries    | .. | ..               | ..                  | 23    |
|    |                            |    |                  |                     | <hr/> |
|    | Total                      | .. |                  |                     | 25    |
|    |                            |    |                  |                     | <hr/> |
|    |                            |    | <i>Hospitals</i> | <i>Dispensaries</i> |       |
|    | (e) (i) General            | .. | ..               | 4                   | 25    |
|    | (ii) Women                 | .. | ..               | ..                  | ..    |
|    |                            |    |                  | <hr/>               | <hr/> |
|    | Total                      | .. | 4                | 25                  |       |
|    |                            |    | <hr/>            | <hr/>               |       |

|                                              |    |    |       |           |
|----------------------------------------------|----|----|-------|-----------|
| (f) (i) Government                           | .. | .. | ..    | 10        |
| (ii) Government Aided                        | .. | .. | ..    | ..        |
| (iii) Local bodies                           | .. | .. | ..    | 19        |
| (iv) Others                                  | .. | .. | ..    | ..        |
|                                              |    |    | Total | 29        |
| 2. Population                                | .. | .. | ..    | 13,96,185 |
| 3. Area in Sq. Miles                         | .. | .. | ..    | 6,563.8   |
| 4. Average population Institutions           | .. | .. | ..    | 48,144.3  |
| 5. Average area per Institution in Sq. miles | .. | .. | ..    | 266.3     |
| 6. Sanctioned Bed strength—                  | .. | .. | ..    | 230       |
| Men                                          | .. | .. | 129   |           |
| Women and Children                           | .. | .. | 101   |           |
| 7. Indoor patients                           | .. | .. | ..    | 7,117     |
| Daily average                                | .. | .. | ..    | 200.3     |
| 8. Out-door patients                         | .. | .. | ..    | 2,10,262  |
| Daily average                                | .. | .. | ..    | 2,412.9   |
| 9. Parturition cases                         | .. | .. | ..    | 3,052     |
| 10. Surgical operations                      | .. | .. | ..    | 6,497     |
| 11. Doctors employed                         | .. | .. | ..    | 35        |
| Males                                        | .. | .. | 33    |           |
| Females                                      | .. | .. | 2     |           |
| 12. Income                                   | .. | .. | ..    | 2,82,483  |
| Expenditure                                  | .. | .. | ..    | 2,52,168  |
| 13. Laboratory Work—                         |    |    |       |           |
| 14. Blood Bank—                              |    |    |       |           |
| 15. Diabetic Clinic—                         |    |    |       |           |
| 16. Dental Clinic—                           |    |    |       |           |
| 17. Radiological Department—                 |    |    |       |           |
| 18. Eye Department—                          |    |    |       |           |
| 19. E. N. T. Department—                     |    |    |       |           |
| 20. Skin Department—                         |    |    |       |           |
| 21. Family Planning Clinic—                  |    |    |       |           |
| 22. Anti-natal and Post-natal Clinic—        |    |    |       |           |
| 23. Anti-Rabic Centres—                      |    |    |       |           |
| Civil Hospital, Bijapur.                     |    |    |       |           |
| 24. Grant-in-aid Institutions—               |    |    |       | Rs. nP.   |
| 1. Sindgi D.L.B.                             | .. | .. | ..    | 2,352-00  |
| 2. Bagewadi D.L.H.                           | .. | .. | ..    | 2,352-00  |
| 3. Muddebihal D.L.B.                         | .. | .. | ..    | 2,352-00  |
| 4. Tikota                                    | .. | .. | ..    | 2,352-00  |
| 5. Badami D.L.B. Dispensary                  | .. | .. | ..    | 2,352-00  |

|     |                                                     |    |    |    |          |
|-----|-----------------------------------------------------|----|----|----|----------|
| 6.  | Hungund D.L.B. Dispensary                           | .. | .. | .. | 2,352-00 |
| 7.  | Bilgi D.L.B. Dispensary                             | .. | .. | .. | 2,352-00 |
| 8.  | Thalikota D.L.B. Dispensary                         | .. | .. | .. | 2,352-00 |
| 9.  | Guledgur Municipality D.L.B. Dispensary             | .. | .. | .. | 2,352-00 |
| 10. | Bagalkot D.L.B. Dispensary                          | .. | .. | .. | 2,352-00 |
| 11. | Olkat D.L.B. Dispensary                             | .. | .. | .. | 2,352-00 |
| 12. | Blind Relief Association                            | .. | .. | .. | 6,975-30 |
| 13. | D.L.B. Dispensary, Bijapur                          | .. | .. | .. | 4,190-00 |
| 14. | Muddebihal                                          | .. | .. | .. | 826-00   |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |    |          |
| 26. | Ophthalmic Section—                                 |    |    |    |          |
|     | Civil Hospital                                      | .. | .. | .. | 1,904    |
| 27. | T. B. Clinic—                                       |    |    |    |          |
|     | Civil Hospital                                      | .. | .. | .. | 101      |

## COORG DISTRICT.

|    |                            |    |    |                  |                     |
|----|----------------------------|----|----|------------------|---------------------|
| 1. | Number of Institutions—    | .. | .. | ..               | 43                  |
|    | (a) (i) Hospitals          | .. | .. | ..               | 25                  |
|    | (ii) Dispensaries          | .. | .. | ..               | 18                  |
|    |                            |    |    | Total            | 43                  |
|    | (b) (i) Urban              | .. | .. | ..               | 5                   |
|    | (ii) Rural                 | .. | .. | ..               | 38                  |
|    |                            |    |    | Total            | 43                  |
|    | (c) (i) Urban Hospitals    | .. | .. | ..               | 2                   |
|    | (ii) Rural Hospitals       | .. | .. | ..               | 23                  |
|    |                            |    |    | Total            | 25                  |
|    | (d) (i) Urban Dispensaries | .. | .. | ..               | 3                   |
|    | (ii) Rural Dispensaries    | .. | .. | ..               | 15                  |
|    |                            |    |    | Total            | 18                  |
|    |                            |    |    | <i>Hospitals</i> | <i>Dispensaries</i> |
|    | (e) (i) General            | .. | .. | 22               | 18                  |
|    | (ii) Women                 | .. | .. | 3                | ..                  |
|    | Total                      | .. | .. | 25               | 18                  |

|                                              |    |                |       |     |          |
|----------------------------------------------|----|----------------|-------|-----|----------|
| (f) (i) Government                           | .. | ..             | ..    | ..  | 39       |
| (ii) Government aided                        | .. | ..             | ..    | ..  | 1        |
| (iii) Local Bodies                           | .. | ..             | ..    | ..  | 1        |
| (iv) Others                                  | .. | ..             | ..    | ..  | 2        |
|                                              |    |                | Total | ..  | 43       |
| 2. Population                                | .. | ..             | ..    | ..  | 2,29,405 |
| 3. Area in Sq. Miles                         | .. | ..             | ..    | ..  | 1,586.0  |
| 4. Average population Institutions           | .. | ..             | ..    | ..  | 5,335.0  |
| 5. Average area per Institution in Sq. Miles | .. | ..             | ..    | ..  | 36.9     |
| 6. Sanctioned Bed strength—                  | .. | ..             | ..    | ..  | 931      |
| Men                                          | .. | ..             | 465   |     |          |
| Women and Children                           | .. | ..             | 466   |     |          |
| 7. In-door patients                          | .. | ..             | ..    | ..  | 36,790   |
| Daily average                                | .. | ..             | ..    | ..  | 888.4    |
| 8. Out-door patients                         | .. | ..             | ..    | ..  | 7,30,155 |
| Daily average                                | .. | ..             | ..    | ..  | 3,079.3  |
| 9. Parturition cases                         | .. | ..             | ..    | ..  | 4,283    |
| 10. Surgical operations                      | .. | ..             | ..    | ..  | 31,091   |
| 11. Doctors employed                         | .. | ..             | ..    | ..  | 46       |
| Males                                        | .. | ..             | 39    |     |          |
| Females                                      | .. | ..             | 7     |     |          |
| 12. Income                                   | .. | ..             | ..    | Rs. | 8,53,009 |
| Expenditure                                  | .. | ..             | ..    | Rs. | 8,27,838 |
| 13. Laboratory Work—                         |    |                |       |     |          |
| Civil Hospital, Mercara                      | .. | ..             | ..    | ..  | 22,491   |
| 14. Blood Bank—                              |    |                |       |     |          |
| 15. Diabetic Clinic—                         |    |                |       |     |          |
| 16. Dental Clinic—                           |    |                |       |     |          |
| 17. Radiological Department—                 |    |                |       |     |          |
| Civil Hospital                               | .. | ..             | ..    | ..  | 4,125    |
| T. B. Section, Civil Hospital                | .. | ..             | ..    | ..  | 246      |
| 18. Eye Department—                          |    |                |       |     |          |
| 19. E. N. T. Department—                     |    |                |       |     |          |
| Civil Hospital, Mercara                      | .. | ..             | ..    | ..  | 1,635    |
| 20. Skin Department—                         |    |                |       |     |          |
| 21. Family Planning Clinic—                  |    |                |       |     |          |
| 22. Anti-natal and Post-natal Clinic—        |    |                |       |     |          |
| 23. Anti-Rabic Centres—                      |    |                |       |     |          |
| 1. Civil Hospital,                           |    | Mercara        |       |     |          |
| 2. Do                                        |    | Virajpet       |       |     |          |
| 3. Do                                        |    | Somwarpet      |       |     |          |
| 4. Government Hospital,                      |    | Kodlipet       |       |     |          |
| 5. Do                                        |    | Sanivarasanthe |       |     |          |
| 6. Do                                        |    | Hebbule        |       |     |          |

|     |                                                     |                                                                 |       |
|-----|-----------------------------------------------------|-----------------------------------------------------------------|-------|
| 7.  | Government Hospital,                                | Kushalanagar                                                    |       |
| 8.  | Do                                                  | Sunticoppal                                                     |       |
| 9.  | Do                                                  | Madapur                                                         |       |
| 10. | Do                                                  | Shanthalli                                                      |       |
| 11. | Do                                                  | Sampajee                                                        |       |
| 12. | Do                                                  | Bhagamanadala                                                   |       |
| 13. | Do                                                  | Napoklu                                                         |       |
| 14. | Do                                                  | Cheyandane                                                      |       |
| 15. | Do                                                  | Murnad                                                          |       |
| 16. | Do                                                  | Siddapur                                                        |       |
| 17. | Do                                                  | Pollibetta                                                      |       |
| 18. | Do                                                  | Gonicoppal                                                      |       |
| 19. | Do                                                  | Thithimathi                                                     |       |
| 20. | Do                                                  | Srimangala                                                      |       |
| 21. | Do                                                  | Balele                                                          |       |
| 22. | Do                                                  | Kutta                                                           |       |
| 23. | Govt. Dispensary,                                   | Marenad                                                         |       |
| 24. | Do                                                  | Hudikere                                                        |       |
| 25. | Civil Hospital,                                     | Chitalli                                                        |       |
| 26. | Govt. Dispensary,                                   | Kanauer                                                         |       |
| 24. | Grant-in-aid Institutions—                          |                                                                 |       |
|     | 1.                                                  | Ramakrishna Charitable Institution, Ponnampet (Building Grant). | 5,000 |
|     | 2.                                                  | Ramakrishna Charitable Institution, Ponnampet (Maintenance).    | 6,000 |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics— |                                                                 |       |
|     | (a)                                                 | Veneral                                                         | 90    |
|     | (b)                                                 | Diabetic                                                        | 31    |
| 26. | Ophthalmic Section—                                 |                                                                 |       |
|     |                                                     | Civil Hospital, Mercara                                         | 1,077 |

## DHARWAR DISTRICT.

|    |                         |      |                 |       |    |
|----|-------------------------|------|-----------------|-------|----|
| 1. | Number of Institutions— |      |                 |       | 40 |
|    | (a)                     | (i)  | Hospitals       | .. .. | 11 |
|    |                         | (ii) | Dispensaries    | .. .. | 29 |
|    |                         |      | Total           | ..    | 40 |
|    | (b)                     | (i)  | Urban           | .. .. | 8  |
|    |                         | (ii) | Rural           | .. .. | 32 |
|    |                         |      | Total           | ..    | 40 |
|    | (c)                     | (i)  | Urban Hospitals | .. .. | 6  |
|    |                         | (ii) | Rural Hospitals | .. .. | 5  |
|    |                         |      | Total           | ..    | 11 |



|                                              |     |    |                  |                     |
|----------------------------------------------|-----|----|------------------|---------------------|
| (d) (i) Urban Dispensaries                   | ..  | .. | ..               | 2                   |
| (ii) Rural Dispensaries                      | ..  | .. | ..               | 27                  |
|                                              |     |    | <b>Total</b>     | <b>29</b>           |
|                                              |     |    |                  |                     |
|                                              |     |    | <i>Hospitals</i> | <i>Dispensaries</i> |
| (e) (i) General                              | ..  | .. | 9                | 29                  |
| (ii) Women                                   | ..  | .. | 2                | ..                  |
|                                              |     |    |                  |                     |
| <b>Total</b>                                 | ..  | .. | <b>11</b>        | <b>29</b>           |
|                                              |     |    |                  |                     |
| (f) (i) Government                           | ..  | .. | ..               | 10                  |
| (ii) Government aided                        | ..  | .. | ..               | 2                   |
| (iii) Local Bodies                           | ..  | .. | ..               | 25                  |
| (iv) Others                                  | ..  | .. | ..               | 3                   |
|                                              |     |    | <b>Total</b>     | <b>40</b>           |
|                                              |     |    |                  |                     |
| 2. Population                                | ..  | .. | ..               | 15,75,386           |
| 3. Area in Sq. Miles                         | ... | .. | ..               | 5,284.0             |
| 4. Average population Institutions           | ..  | .. | ..               | 39,384.7            |
| 5. Average area per Institution in Sq. miles | ..  | .. | ..               | 132.1               |
| 6. Sanctioned Bed strength—                  | ..  | .. | ..               | 670                 |
| Men                                          | ..  | .. | 388              |                     |
| Women and Children                           | ..  | .. | 287              |                     |
| 7. In-door patients                          | ..  | .. | ..               | 20,745              |
| Daily average                                | ..  | .. | ..               | 890.9               |
| 8. Out-door patients                         | ..  | .. | ..               | 4,07,550            |
| Daily average                                | ..  | .. | ..               | 3,775.6             |
| 9. Parturition cases                         | ..  | .. | ..               | 6,678               |
| 10. Surgical operations                      | ..  | .. | ..               | 9,033               |
| 11. Doctors employed                         | ..  | .. | ..               | 67                  |
| Males                                        | ..  | .. | 59               |                     |
| Females                                      | ..  | .. | 8                |                     |
| 12. Income                                   | ... | .. | ..               | 7,84,961            |
| Expenditure                                  | ..  | .. | ..               | 7,62,804            |
| 13. Laboratory Work—                         |     |    |                  |                     |
| Civil Hospital, Dharwar                      | ..  | .. | ..               | 4,563               |
| 14. Blood Bank—                              |     |    |                  |                     |
| 15. Diabetic Clinic—                         |     |    |                  |                     |
| 16. Dental Clinic—                           |     |    |                  |                     |
| Civil Hospital, Dharwar                      | ..  | .. | ..               | 315                 |
| 17. Radiological Department—                 |     |    |                  |                     |
| Civil Hospital, Dharwar                      | ..  | .. | ..               | 3,647               |
| 18. Eye Department—                          |     |    |                  |                     |

|     |                                                             |    |     |                           |        |
|-----|-------------------------------------------------------------|----|-----|---------------------------|--------|
| 19. | E. N. T. Department—                                        |    |     |                           |        |
| 20. | Skin Department—                                            |    |     |                           |        |
| 21. | Family Planning Clinic—                                     |    |     |                           |        |
|     | Civil Hospital, Dharwar                                     | .. | ..  | ..                        | 200    |
| 22. | Anti-natal and Post-natal Clinic—                           |    |     |                           |        |
|     | Anti-Natal                                                  | .. | 392 | } Civil Hospital, Dharwar |        |
|     | Post-Natal                                                  | .. | 560 |                           |        |
| 23. | Anti-Rabic Centres—                                         |    |     |                           |        |
|     | 1. Civil Hospital, Dharwar                                  |    |     |                           |        |
|     | 3. Chittaguppi Hospital, Hubli                              |    |     |                           |        |
| 24. | Grant-in-aid Institutions—                                  |    |     |                           | Rs.    |
|     | 1. Extension of Hospital facilities to Byadgi Municipality. |    |     |                           | 17,795 |
|     | 2. Construction of Maternity Ward at Hirekerur              | .. |     |                           | 47,715 |
|     | 3. Navalgund Municipality                                   | .. | ..  | ..                        | 6,500  |
|     | 4. Indian Women's Aid Society, Hubli                        | .. | ..  | ..                        | 4,500  |
|     | 5. Navalgund Municipality                                   | .. | ..  | ..                        | 9,500  |
|     | 6. Co-operative Hospital Society, Hubli                     | .. | ..  | ..                        | 6,000  |
|     | 7. Co-operative Hospital Society Hubli                      | .. | ..  | ..                        | 56,000 |
|     | 8. Kalghatgi Dispensary, D.L.B.                             | .. | ..  | ..                        | 2,352  |
|     | 9. Shiggaon Dispensary, D.L.B.                              | .. | ..  | ..                        | 2,352  |
|     | 10. Hangal Dispensary, D.L.B.                               | .. | ..  | ..                        | 2,352  |
|     | 11. Hirekerur Dispensary, D.L.B.                            | .. | ..  | ..                        | 2,352  |
|     | 12. Ron D.L.B.                                              | .. | ..  | ..                        | 2,352  |
|     | 13. Mundargi                                                | .. | ..  | ..                        | 2,352  |
|     | 14. Gadag Municipality                                      | .. | ..  | ..                        | 5,172  |
|     | 15. Ranebennur Municipality                                 | .. | ..  | ..                        | 2,352  |
|     | 16. Haveri Municipality                                     | .. | ..  | ..                        | 2,352  |
|     | 17. Navalgund Municipality                                  | .. | ..  | ..                        | 2,352  |
|     | 18. Byadgi Municipality                                     | .. | ..  | ..                        | 1,164  |
|     | 19. Nargund Municipality                                    | .. | ..  | ..                        | 2,352  |
|     | 20. D. M. Mat. Hospital, Gadag                              | .. | ..  | ..                        | 2,900  |
|     | 21. Construction of Mat. Dispy. at Akkathangerhalli         |    |     |                           | 6,500  |
|     | 22. Ranebennur Municipality                                 | .. | ..  | ..                        | 7,000  |
|     | 23. Indiragandhi Charitable Hospital                        | .. | ..  | ..                        | 800    |
|     | 24. Gandhi-Chikithsalaya, Hospital                          | .. | ..  | ..                        | 825    |
|     | 25. Dharwar D.L.B.                                          | .. | ..  | ..                        | 3,100  |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics—         |    |     |                           |        |
|     | Civil Hospital, Dharwar, Venereal                           | .. | ..  | ..                        | 151    |
|     | Diabetic                                                    | .. | ..  | ..                        | 33     |
|     | I. C.                                                       | .. | ..  | ..                        | 23     |
| 26. | Ophthalmic Section—                                         |    |     |                           |        |
|     | Civil Hospital, Dharwar                                     | .. | ..  | ..                        | 692    |
| 27. | T. B. Clinic—                                               |    |     |                           |        |
|     | Civil Hospital, Dharwar                                     | .. | ..  | ..                        | 346    |

## GULBERGA DISTRICT.

|                                              |    |    |                  |                     |
|----------------------------------------------|----|----|------------------|---------------------|
| 1. Number of Institutions—                   | .. | .. | ..               | 21                  |
| (a) (i) Hospitals                            | .. | .. | ..               | 4                   |
| (ii) Dispensaries                            | .. | .. | ..               | 17                  |
|                                              |    |    | Total            | 21                  |
| (b) (i) Urban                                | .. | .. | ..               | 5                   |
| (ii) Rural                                   | .. | .. | ..               | 16                  |
|                                              |    |    | Total            | 21                  |
| (c) (i) Urban Hospitals                      | .. | .. | ..               | 3                   |
| (ii) Rural Hospitals                         | .. | .. | ..               | 1                   |
|                                              |    |    | Total            | 4                   |
| (d) (i) Urban Dispensaries                   | .. | .. | ..               | 2                   |
| (ii) Rural Dispensaries                      | .. | .. | ..               | 15                  |
|                                              |    |    | Total            | 17                  |
|                                              |    |    | <i>Hospitals</i> | <i>Dispensaries</i> |
| (e) (i) General                              | .. | .. | 3                | 16                  |
| (ii) Women                                   | .. | .. | 1                | 1                   |
|                                              |    |    | Total            | 17                  |
| (f) (i) Government                           | .. | .. | ..               | 19                  |
| (ii) Government aided                        | .. | .. | ..               | ..                  |
| (iii) Local bodies                           | .. | .. | ..               | ..                  |
| (iv) Others                                  | .. | .. | ..               | 2                   |
|                                              |    |    | Total            | 21                  |
| 2. Population                                | .. | .. | ..               | 12,12,056           |
| 3. Area in Sq. Miles                         | .. | .. | ..               | 6,296.2             |
| 4. Average population Institutions           | .. | .. | ..               | 5,771.0             |
| 5. Average area per Institution in Sq. miles | .. | .. | ..               | 299.8               |
| 6. Sanctioned Bed strength—                  | .. | .. | ..               | 232                 |
| Men                                          | .. | .. | 136              |                     |
| Women and Children                           | .. | .. | 96               |                     |
| 7. In-door patients                          | .. | .. | ..               | 5,921               |
| Daily average                                | .. | .. | ..               | 144.3               |
| 8. Out-door patients                         | .. | .. | ..               | 8,97,272            |
| Daily average                                | .. | .. | ..               | 2,589.8             |

|     |                                                     |    |    |    |              |        |
|-----|-----------------------------------------------------|----|----|----|--------------|--------|
| 9.  | Parturition cases                                   | .. | .. | .. | ..           | 3,369  |
| 10. | Surgical operations                                 | .. | .. | .. | ..           | 10,015 |
| 11. | Doctors employed                                    | .. | .. | .. | ..           | 24     |
|     | Males                                               | .. | .. | 19 |              |        |
|     | Females                                             | .. | .. | 5  |              |        |
| 12. | Income                                              | .. | .. | .. | Rs. 1,20,800 |        |
|     | Expenditure                                         | .. | .. | .. | Rs. 1,18,885 |        |
| 13. | Laboratory Work—                                    |    |    |    |              |        |
| 14. | Blood Bank—                                         |    |    |    |              |        |
| 15. | Diabetic Clinic—                                    |    |    |    |              |        |
| 16. | Dental Clinic—                                      |    |    |    |              |        |
| 17. | Radiological Department—                            |    |    |    |              |        |
|     | Civil Hospital                                      | .. | .. | .. | ..           | 243    |
| 18. | Eye Department—                                     |    |    |    |              |        |
| 19. | E. N. T. Department—                                |    |    |    |              |        |
| 20. | Skin Department—                                    |    |    |    |              |        |
| 21. | Family Planning Clinic—                             |    |    |    |              |        |
| 22. | Anti-natal and Post-natal Clinic—                   |    |    |    |              |        |
| 23. | Anti-Rabic Centres—                                 |    |    |    |              |        |
|     | Health Officer, Gulberga                            | .. | .. | .. |              |        |
| 24. | Grant-in-aid Institutions—                          |    |    |    |              |        |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |    |              |        |
|     | Civil Hospital                                      | .. | .. | .. | ..           | 1,139  |
| 26. | Ophthalmic Section—                                 |    |    |    |              |        |
|     | T. B. Clinic                                        | .. | .. | .. | ..           | 240    |

## NORTH KANARA DISTRICT.

|    |                         |    |    |       |    |    |
|----|-------------------------|----|----|-------|----|----|
| 1. | Number of Institutions— | .. | .. | ..    | .. | 37 |
|    | (a) (i) Hospitals       | .. | .. | ..    | .. | 5  |
|    | (ii) Dispensaries       | .. | .. | ..    | .. | 32 |
|    |                         |    |    | Total | .. | 37 |
|    | (b) (i) Urban           | .. | .. | ..    | .. | 2  |
|    | (ii) Rural              | .. | .. | ..    | .. | 35 |
|    |                         |    |    | Total | .. | 37 |
|    | (c) (i) Urban Hospitals | .. | .. | ..    | .. | 1  |
|    | (ii) Rural Hospitals    | .. | .. | ..    | .. | 4  |
|    |                         |    |    | Total | .. | 5  |

|                            |                                           |                  |    |                     |              |
|----------------------------|-------------------------------------------|------------------|----|---------------------|--------------|
| (d) (i) Urban Dispensaries |                                           | ..               | .. | ..                  | 1            |
| (ii) Rural Dispensaries    |                                           | ..               | .. | ..                  | 31           |
| Total                      |                                           | ..               | .. | ..                  | 32           |
|                            |                                           | <i>Hospitals</i> |    | <i>Dispensaries</i> |              |
| (e) (i) General            |                                           | ..               | .. | 5                   | 32           |
| (ii) Women                 |                                           | ..               | .. | ..                  | ..           |
| Total                      |                                           | ..               | .. | 5                   | 32           |
| (f) (i) Government         |                                           | ..               | .. | ..                  | 13           |
| (ii) Government aided      |                                           | ..               | .. | ..                  | ..           |
| (iii) Local bodies         |                                           | ..               | .. | ..                  | 22           |
| (iv) Others                |                                           | ..               | .. | ..                  | 2            |
| Total                      |                                           | ..               | .. | ..                  | 37           |
| 2.                         | Population                                | ..               | .. | ..                  | 5,17,780     |
| 3.                         | Area in Sq. Miles                         | ..               | .. | ..                  | 3,976.5      |
| 4.                         | Average population Institutions           | ..               | .. | ..                  | 13,994.1     |
| 5.                         | Average area per Institution in Sq. miles | ..               | .. | ..                  | 107.4        |
| 6.                         | Sanctioned Bed strength—                  | ..               | .. | ..                  | 208          |
|                            | Men                                       | ..               | .. | 107                 |              |
|                            | Women and Children                        | ..               | .. | 101                 |              |
| 7.                         | In-door patients                          | ..               | .. | ..                  | 5,834        |
|                            | Daily average                             | ..               | .. | ..                  | 191.0        |
| 8.                         | Out-door patients                         | ..               | .. | ..                  | 2,29,348     |
|                            | Daily average                             | ..               | .. | ..                  | 2,194.4      |
| 9.                         | Parturition cases                         | ..               | .. | ..                  | 2,708        |
| 10.                        | Surgical operations                       | ..               | .. | ..                  | 3,864        |
| 11.                        | Doctors employed                          | ..               | .. | ..                  | 40           |
|                            | Males                                     | ..               | .. | 38                  |              |
|                            | Females                                   | ..               | .. | 2                   |              |
| 12.                        | Income                                    | ..               | .. | ..                  | Rs. 2,96,268 |
|                            | Expenditure                               | ..               | .. | ..                  | Rs. 2,78,694 |
| 13.                        | Laboratory Work—                          |                  |    |                     |              |
|                            | Civil Hospital                            | ..               | .. | ..                  | 5,597        |
| 14.                        | Blood Bank—                               |                  |    |                     |              |
| 15.                        | Diabetic Clinic—                          |                  |    |                     |              |
| 16.                        | Dental Clinic—                            |                  |    |                     |              |
| 17.                        | Radiological Department—                  |                  |    |                     |              |
|                            | Civil Hospital                            | ..               | .. | ..                  | 367—435      |
| 18.                        | Eye Department—                           |                  |    |                     |              |
| 19.                        | E. N. T. Department—                      |                  |    |                     |              |
|                            | Civil Hospital                            | ..               | .. | ..                  | 2,474        |

20. Skin Department—  
 21. Family Planning Clinic—  
 22. Anti-natal and Post-natal Clinic—  
     Civil Hospital .. .. . 574  
 23. Anti-Rabic Centres—  
     1. Civil Hospital, Karwar.  
     2. L. F. D., Kumta.  
     3. Cottage Hospital, Bhatkal.  
     4. Cottage Hospital, Sirsi.

24. Grant-in-aid Institutions—

| <i>Institutions</i>                                            | <i>Amount<br/>of grant<br/>recommended</i> | <i>G. O. No.<br/>and amount<br/>sanctioned</i>      | <i>Head of Account</i> |
|----------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|------------------------|
|                                                                | <i>Rs. nP.</i>                             |                                                     |                        |
| 1. St. Anthony's<br>Charitable Education<br>Society, Honnavar. | 2,000                                      | LLH 739—<br>MDS 57,<br>dated 26-8-58,<br>Rs. 2,000. | Maintenance<br>grant.  |
| 2. Kumta Municipality                                          | 18,600                                     | Rejected                                            | II Five Year Plan      |
| 3. Ankola D.L.B.<br>Dispensary.                                | 2,352                                      | DMS Order<br>No. 1594/58,<br>30-12-58.              | Maintenance<br>grant.  |
| 4. Gokarna DLB<br>Dispensary.                                  | 2,352                                      | do                                                  | do                     |
| 5. Siddapur do ..                                              | 2,2                                        | do                                                  | do                     |
| 6. Yellapur do ..                                              | 2,352                                      | do                                                  | do                     |
| 7. Menchikere do ..                                            | 2,352                                      | do                                                  | do                     |
| 8. Mundigodu do ..                                             | 2,352                                      | do                                                  | do                     |
| 9. Banavasi do ..                                              | 2,352                                      | do                                                  | do                     |
| 10. Suppa do ..                                                | 23,52                                      | do                                                  | do                     |
| 11. Kumta Municipality                                         | 2,352                                      | do                                                  | do                     |
| 12. Honnavar do ..                                             | 2,352                                      | do                                                  | do                     |
| 13. Haliyar do ..                                              | 2,352                                      | do                                                  | do                     |
| 14. Sirsi do ..                                                | 2,352                                      | do                                                  | do                     |
| 15. Mat. Home, Chikodi ..                                      | 349                                        | do                                                  | do                     |
| 16. Do Pachapur ..                                             | 376                                        | do                                                  | do                     |
| 17. Do Hukkeri ..                                              | 761                                        | do                                                  | do                     |
| 18. Do Bailhongal ..                                           | 1,627                                      | do                                                  | do                     |
| 19. Do Ramdurga ..                                             | 932-35                                     | do                                                  | do                     |
| 20. Do Bannatti ..                                             | 1,117                                      | do                                                  | do                     |
| 21. Do Sirsi ..                                                | 1,714-75                                   | do                                                  | do                     |
| 22. Do Kumta ..                                                | 1,349                                      | do                                                  | do                     |
| 23. Do Honnavar ..                                             | 650                                        | do                                                  | do                     |
| 24. D.L.B., Karwar ..                                          | 9,436-52                                   | A3.303/13-3-59                                      | do                     |
| 25. S.M.P. Grants Halyal<br>Dispensary,                        | 95                                         | A3.1036/1958<br>14-10-58.                           | do                     |
|                                                                | 95                                         |                                                     | do                     |

Beuga  
ml.-

|                                                         |    |    |    |    |    |
|---------------------------------------------------------|----|----|----|----|----|
| 25. Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |    |    |    |
| Civil Hospital                                          | .. | .. | .. | .. | 92 |
| 26. Ophthalmic Section—                                 |    |    |    |    |    |
| Civil Hospital                                          | .. | .. | .. | .. | 84 |

## RAICHUR DISTRICT.

|                                              |       |    |                  |                     |          |
|----------------------------------------------|-------|----|------------------|---------------------|----------|
| 1. Number of Institutions—                   | ..    | .. | ..               | ..                  | 20       |
| (a) (i) Hospitals                            | ..    | .. | ..               | ..                  | 3        |
| (ii) Dispensaries                            | ..    | .. | ..               | ..                  | 17       |
|                                              |       |    |                  | Total               | 20       |
| (b) (i) Urban                                | ..    | .. | ..               | ..                  | 5        |
| (ii) Rural                                   | ..    | .. | ..               | ..                  | 15       |
|                                              |       |    |                  | Total               | 20       |
| (c) (i) Urban Hospitals                      | ..    | .. | ..               | ..                  | 2        |
| (ii) Rural Hospitals                         | ..    | .. | ..               | ..                  | 1        |
|                                              |       |    |                  | Total               | 3        |
| (d) (i) Urban Dispensaries                   | ..    | .. | ..               | ..                  | 3        |
| (ii) Rural Dispensaries                      | ..    | .. | ..               | ..                  | 14       |
|                                              |       |    |                  | Total               | 17       |
|                                              |       |    | <i>Hospitals</i> | <i>Dispensaries</i> |          |
| (e) (i) General                              | ..    | .. | 2                | 17                  |          |
| (ii) Women                                   | ..    | .. | 1                | ..                  |          |
|                                              | Total | .. | 3                | 17                  |          |
| (f) (i) Government                           | ..    | .. | ..               | ..                  | 19       |
| (ii) Government aided                        | ..    | .. | ..               | ..                  | ..       |
| (iii) Local bodies                           | ..    | .. | ..               | ..                  | ..       |
| (iv) Others                                  | ..    | .. | ..               | ..                  | 1        |
|                                              |       |    | Total            | ..                  | 20       |
| 2. Population                                | ..    | .. | ..               | ..                  | 9,53,640 |
| 3. Area in Sq. Miles                         | ..    | .. | ..               | ..                  | 5,687.2  |
| 4. Average population Institutions           | ..    | .. | ..               | ..                  | 47,682.0 |
| 5. Average area per Institution in Sq. miles | ..    | .. | ..               | ..                  | 284.4    |
| 6. Sanctioned Bed strength—                  | ..    | .. | ..               | ..                  | 207      |
| Men                                          | ..    | .. | 86               |                     |          |
| Women and Children                           | ..    | .. |                  | 122                 |          |



|                                                         |    |    |    |              |
|---------------------------------------------------------|----|----|----|--------------|
| 7. In-door patients                                     | .. | .. | .. | 5,601        |
| Daily average                                           | .. | .. | .. | 140.1        |
| 8. Out-door patients                                    | .. | .. | .. | 2,34,441     |
| Daily average                                           | .. | .. | .. | 1,524.1      |
| 9. Parturition cases                                    | .. | .. | .. | 2,338.       |
| 10. Surgical operations                                 | .. | .. | .. | 9,031        |
| 11. Doctors employed                                    | .. | .. | .. | 17           |
| Males                                                   | .. | .. | 16 |              |
| Females                                                 | .. | .. | 1  |              |
| 12. Income                                              | .. | .. | .. | Rs. 2,56,981 |
| Expenditure                                             | .. | .. | .. | Rs. 2,26,825 |
| 13. Laboratory Work—                                    |    |    |    |              |
| 14. Blood Bank—                                         |    |    |    |              |
| 15. Diabetic Clinic—                                    |    |    |    |              |
| T. B. Cases Civil Hospital                              | .. | .. | .. | 53           |
| 16. Dental Clinic—                                      |    |    |    |              |
| 17. Radiological Department—                            |    |    |    |              |
| 18. Eye Department—                                     |    |    |    |              |
| 19. E. N. T. Department—                                |    |    |    |              |
| 20. Skin Department—                                    |    |    |    |              |
| 21. Family Planning Clinic—                             |    |    |    |              |
| 22. Anti-natal and Post-natal Clinic—                   |    |    |    |              |
| 23. Anti-Rabic Centres—                                 |    |    |    |              |
| 1. Head-quarters Hospital, Raichur.                     |    |    |    |              |
| 2. Government Dispensary, Gurgunta.                     |    |    |    |              |
| 3. Government Dispensary, Deodurga.                     |    |    |    |              |
| 4. Government Dispensary, Gangavathi.                   |    |    |    |              |
| 5. Government Dispensary, Kopabal.                      |    |    |    |              |
| 6. Government Dispensary, Kushtagi.                     |    |    |    |              |
| 7. Lingasugur Government Dispensary.                    |    |    |    |              |
| 8. Government Dispensary, Manvi.                        |    |    |    |              |
| 9. Government Dispensary, Yelburga.                     |    |    |    |              |
| 10. Government Dispensary, Sindhanur.                   |    |    |    |              |
| 24. Grant-in-aid Institutions—                          |    |    |    |              |
| 25. Venereal, Diabetic and Infantile Cirrhosis Clinics— |    |    |    |              |
| 26. Ophthalmic Section—                                 |    |    |    |              |

## SOUTH DISTRICT.

|                            |    |    |       |    |
|----------------------------|----|----|-------|----|
| 1. Number of Institutions— | .. | .. | ..    | 35 |
| (a) (i) Hospitals          | .. | .. | ..    | 13 |
| (ii) Dispensaries          | .. | .. | ..    | 22 |
|                            |    |    | Total | 35 |

|                                              |       |    |                  |                     |           |
|----------------------------------------------|-------|----|------------------|---------------------|-----------|
| (b) (i) Urban                                | ..    | .. | ..               | ..                  | 6         |
| (ii) Rural                                   | ..    | .. | ..               | ..                  | 29        |
|                                              |       |    | Total            | ..                  | 35        |
| (c) (i) Urban Hospitals                      | ..    | .. | ..               | ..                  | 5         |
| (ii) Rural Hospitals                         | ..    | .. | ..               | ..                  | 8         |
|                                              |       |    | Total            | ..                  | 13        |
| (d) (i) Urban Dispensaries                   | ..    | .. | ..               | ..                  | 1         |
| (ii) Rural Dispensaries                      | ..    | .. | ..               | ..                  | 21        |
|                                              |       |    | Total            | ..                  | 22        |
|                                              |       |    | <i>Hospitals</i> | <i>Dispensaries</i> |           |
| (e) (i) General                              | ..    | .. | 12               | 22                  |           |
| (ii) Women                                   | ..    | .. | 1                | ..                  |           |
|                                              | Total | .. | 13               | 22                  |           |
| (f) (i) Government                           | ..    | .. | ..               | ..                  | 12        |
| (ii) Government aided                        | ..    | .. | ..               | ..                  | 1         |
| (iii) Local bodies                           | ..    | .. | ..               | ..                  | 19        |
| (iv) Others                                  | ..    | .. | ..               | ..                  | 3         |
|                                              |       |    | Total            | ..                  | 35        |
| 2. Population                                | ..    | .. | ..               | ..                  | 13,50,917 |
| 3. Area in Sq. Miles                         | ..    | .. | ..               | ..                  | 3,275.0   |
| 4. Average population Institutions           | ..    | .. | ..               | ..                  | 38,026.2  |
| 5. Average area per Institution in Sq. miles | ..    | .. | ..               | ..                  | 93.6      |
| 6. Sanctioned Bed strength—                  | ..    | .. | ..               | ..                  | 1,066     |
| Men                                          | ..    | .. | 496              |                     |           |
| Women and Children                           | ..    | .. | 570              |                     |           |
| 7. In-door patients                          | ..    | .. | ..               | ..                  | 26,130    |
| Daily average                                | ..    | .. | ..               | ..                  | 1,225.8   |
| 8. Out-door patients                         | ..    | .. | ..               | ..                  | 5,10,243  |
| Daily average                                | ..    | .. | ..               | ..                  | 5,281.8   |
| 9. Parturition cases                         | ..    | .. | ..               | ..                  | 5,879     |
| 10. Surgical operations                      | ..    | .. | ..               | ..                  | 22,956    |
| 11. Doctors employed                         | ..    | .. | ..               | ..                  | 106       |
| Males                                        | ..    | .. | 89               |                     |           |
| Females                                      | ..    | .. | 17               |                     |           |
| 12. Income                                   | ..    | .. | ..               | Rs.                 | 13,90,494 |
| Expenditure                                  | ..    | .. | ..               | Rs.                 | 13,90,000 |

|     |                                                                                                                                       |       |        |
|-----|---------------------------------------------------------------------------------------------------------------------------------------|-------|--------|
| 13. | Laboratory Work—<br>Head-quarters, Mangalore                                                                                          | .. .. | 18,140 |
| 14. | Blood Bank—                                                                                                                           |       |        |
| 15. | Diabetic Clinic—                                                                                                                      |       |        |
| 16. | Dental Clinic—<br>Head-quarters Hospital, Mangalore                                                                                   | .. .. | 2,503  |
| 17. | Radiological Department—<br>Head-quarters Hospital, Mangalore                                                                         | .. .. | 614    |
| 18. | Eye Department—                                                                                                                       |       |        |
| 19. | E. N. T. Department—<br>Head-quarters Hospital, Mangalore                                                                             | .. .. | 4,849  |
| 20. | Skin Department—                                                                                                                      |       |        |
| 21. | Family Planning Clinic—<br>Family Planning Clinic attached to the Lady<br>Goschen Hospital, Mangalore.<br>No. of operations conducted | .. .. | 122    |
| 22. | Anti-natal and Post-natal Clinic—<br>Facilities are existing in Lady Goschen Hospital,<br>Mangalore.                                  |       |        |
| 23. | Anti-Rabic Centres—                                                                                                                   |       |        |
| 24. | Grant-in-aid Institutions—                                                                                                            |       |        |
|     | 1. Ramakrishna Mission Charitable Dispensary                                                                                          | ..    | 3,000  |
|     | 3. L. F. Hospital, Kulki                                                                                                              | .. .. | 1,500  |
|     | 3. Ramakrishna Mission Charitable Dispensary                                                                                          | ..    | 3,000  |
|     | 4. President D. B. C. K.                                                                                                              | .. .. | 1,218  |
|     | 5. Lending Library                                                                                                                    | .. .. | 75     |
|     |                                                                                                                                       |       | 25     |
| 25. | Venereal, Diabetic and Infantile Cirrhosis Clinics—<br>Head-quarters Hospital, Mangalore                                              | .. .. | 1,519  |
| 26. | Ophthalmic Section—<br>Head-quarters Hospital, Mangalore                                                                              | .. .. | 4,830  |
| 27. | T. B. Clinic—                                                                                                                         |       |        |
|     | T. B. Clinic Hospital, Mangalore                                                                                                      | .. .. | 3,870  |
|     | Blood Bank Hospital, Mangalore                                                                                                        | .. .. | 380    |
|     | Blood Bank (Lady Goschen Hospital, Mangalore)                                                                                         | ..    | 156    |
|     | Blood Bank Karkala Hospital                                                                                                           | .. .. | 1      |

Anti-Rabic Centres :—

1. Head-quarters Hospital, Mangalore.
2. Government Hospital, Coondapur.
3. Government Hospital, Puttur.
4. Government Hospital, Udipi.
5. Government Dispensary, Narvi.
6. Government Dispensary, Shirthady.
7. L. F. Dispensary, Bantmal.
8. L. F. Hospital, Belthangady.
9. L. F. Dispensary, Barkur.
10. L. F. Dispensary, Shirva.

11. L. F. Dispensary, Moodbidri.
12. L. F. Dispensary, Kadaba.
13. L. F. Dispensary, Gangolli.
14. L. F. Dispensary, Bilare.
15. L. F. Hospital, Mulki.
16. L. F. Dispensary, Vendoor.

(b) *Public Health Facilities.*—In regard to Public Health Facilities in all the Districts in Mysore State, necessary information is given in a publication entitled 'Handbook of Public Health Facilities in Mysore State' 1959. The Information given there is brought up-to-date and the latest Statistical data as furnished by the Director of Public Health are given in the statements which follow :—

Statement No. 1 gives information of the Government of India pattern primary health centres sanctioned to the C. D. Blocks up to 1st April 1960.

Statement No. 2 gives a list of similar primary health centres of the Government of India type sanctioned for the year 1960-61. The headquarters in most cases have been fixed ; in a few cases they are yet to be decided by Government. There are 37 primary health centres in this group.

Statement No. 3 shows the particulars of the Mysore type of Primary Health Centres, as also the Secondary Centres and Maternity Hospitals.

Statement No. 4 gives information regarding Modified Health Units which are located in the Malnad Districts of Shimoga, Chickmagalur and Hassan. Only one post of Junior Health Inspector has been sanctioned for each of these centres. In these districts, the entire area, more or less, is covered by the regular primary health units, except here and there with pockets consisting of a few villages not included in the regular health units. In order to cover these pockets, only for purposes of health work, such as vaccination, epidemic control, etc., one Junior Health Inspector was posted. He will work under the control of the nearby primary health centre.

Statement No. 5 shows the places where rural and urban family planning centres are located. During the year 1960-61, Government have sanctioned additional seven urban and 28 rural centres to be located in the places shown in the statement 5-A.

Statement No. 6 shows the location of Leprosy Subsidiary Centres and the main Central Leprosarium, as also Voluntary Leprosy Control Institutions (districtwise).

The District Laboratories are located in the following Districts.—

1. Shimoga.
2. Mysore.
3. Mandya.
4. Hassan.
5. Kolar.
6. Chitaldrug.
7. Raichur.
8. Gulberga.
9. Belgaum.
10. Chickamagalur.
11. Mercara.

Separate laboratory buildings have been proposed to be constructed as per type design. The building programme in the case of 8 districts is taken up in the current year. At present, the laboratories are located in the headquarter hospitals along with their own laboratories. Each laboratory has been provided with a Medical Officer and four technicians and in some laboratories there is the post of a Chemist also. The full complement of staff is not posted for want of personnel.

*Guinea worm control Unit*.—There are 7 such control units attached to the respective District Health organisation in the following districts :—

1. Chitradurga.
2. Dharwar (Hubli).
3. Raichur.
4. Bijapur.
5. Gulbarga.
6. Belgaum.
7. Dharwar.

*Hook-worm Control Units*.—The unit headquarters is in Shimoga, under the District Health Officer. It consists of 3 teams with headquarters at Mangalore, Shimoga and Karwar.

*Filaria Control Unit (N. F. C.).*—There is a control and survey unit located in Mangalore, South Kanara District. The services cover a population of 3 lakhs. This is under the National Filaria Control Programme.

The Health Unit at Krishnarajapuram was sanctioned in 1958-59, and it is intended to be as a field training centre for the undergraduates in the Medical College, Bangalore. Similarly, health centres are sanctioned at Nanjangud for Mysore Medical College and at Morab for Karnatak Medical College, Hubli. The staff of each Unit consists of a Medical Officer, a Public Health Nurse, or a Health Visitor, 4 Midwives, one Compounder, one Junior Inspector and two Peons. Provision is also made for a Driver and a Cleaner on the understanding that the UNICEF will provide a vehicle. This unit has been working since July 1959. Before this Centre could function as a rural training centre, additional staff and funds have to be provided.

## STATEMENT I.

PRIMARY HEALTH CENTRES OF GOVERNMENT OF INDIA  
PATTERN DISTRICT-WAR.

| <i>Sl. No.</i> | <i>District</i> | <i>Name of the N. E. S. Block</i> | <i>Headquarters fixed</i> |
|----------------|-----------------|-----------------------------------|---------------------------|
| 1.             | Bangalore ..    | 1. Ramanagarain ..                | Bidadi                    |
|                |                 | 2. Nelamangala ..                 | Nelamangala               |
|                |                 | 3. Doddaballapura ..              | Doddaballapura            |
|                |                 | 4. Bangalore North ..             | Hesaraghatta              |
|                |                 | 5. Magadi ..                      | Magadi                    |
|                |                 | 6. Magadi ..                      | Solur                     |
|                |                 | 7. Kanakapura ..                  | Kanakapura                |
|                |                 | 8. Bangalore North ..             | Kadugondanahally          |
|                |                 | 9. Anekal ..                      | Dommasandra               |
| 2.             | Kolar ..        | 1. Bagepally ..                   | Bagepally                 |
|                |                 | 2. Malur ..                       | Malur                     |
|                |                 | 3. Mulabagal ..                   | Mulabagal                 |
|                |                 | 4. Sidlaghatta ..                 | Sidlaghatta               |
|                |                 | 5. Chintamani ..                  | Batlapalli                |
| 3.             | Tumkur ..       | 1. Gubbi ..                       | Gubbi                     |
|                |                 | 2. Tumkur ..                      | Kyathasandra              |
|                |                 | 3. Chikkanayakana-hally.          | Chikkanayakanahally       |
|                |                 | 4. Pavagada ..                    | Pavagada                  |
|                |                 | 5. Sira ..                        | Sira                      |
|                |                 | 6. Turuvekere<br>(Mayasandra.)    | Turuvekere                |

| 1                   | 2                                                                                                                                                                         | 3                                                                                                                                                           | 4 |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 4. Chitradurga ..   | 1. Holalkere<br>2. Jagalur<br>3. Molakalmuru<br>4. Hosadurga<br>5. Harihar-cum<br>Davanagere.                                                                             | .. Holalkere<br>.. Jagalur<br>.. Molakalmuru<br>.. Mallappanahalli<br>.. Harihar                                                                            |   |
| 5. Mysore ..        | 1. H. D. Kote<br>2. Chamarajanagara<br>3. Chamarajanagara<br>4. Kollegal<br>5. Kollegal<br>6. Hunsur                                                                      | .. H. D. Kote<br>.. Chamarajanagara<br>.. Ummathur<br>.. Kamagere<br>.. Rampura<br>.. Hunsur                                                                |   |
| 6. Hassan ..        | 1. Belur<br>2. Arsikere<br>3. Arsikere<br>4. Alur<br>5. Holenarasipura                                                                                                    | .. Yemasandi<br>.. Kanakatte<br>.. Harnahalli<br>.. Alur<br>.. Doddakadnur                                                                                  |   |
| 7. Mandya ..        | 1. Mandya<br>2. Pandavapura<br>3. K. R. Pet                                                                                                                               | .. Shivalli<br>.. Pandavapura<br>.. K. R. Pet                                                                                                               |   |
| 8. Shimoga ..       | 1. Hosanagar<br>2. Honnali<br>3. Sorab<br>4. Shikaripur<br>5. Shimoga<br>6. Sagar                                                                                         | .. Hosanagar<br>.. Honnali<br>.. Sorab<br>.. Shiralkoppa<br>.. Ayanur<br>.. Talaguppa                                                                       |   |
| 9. Chikmagalur ..   | 1. Chikmagalur<br>2. Tarikere<br>3. Koppa                                                                                                                                 | .. Mallandur<br>.. Tarikere<br>.. Koppa                                                                                                                     |   |
| 10. South Kanara... | 1. Puttur<br>2. Sullia<br>3. Mangalore<br>4. Karkal<br>5. Moodbidri<br>6. Coondapur<br>7. Kadaba<br>8. Hebri<br>9. Bantwal<br>10. Puttur<br>11. Bantwal<br>(Belthangadi.) | .. Vittal<br>.. Sullia<br>.. Ullal<br>.. Nittee<br>.. Moodbidri<br>.. Bidkalkatte<br>.. Kadaba<br>.. Hebri<br>.. Punjalkatte<br>.. Panaje<br>.. Belthangadi |   |
| 11. Bellary ..      | 1. Siruguppa<br>2. Bellary<br>3. Hospet<br>4. Sandur<br>5. Bellary                                                                                                        | .. Siruguppa<br>.. Kurugodu<br>.. Hampasagar<br>.. Chornoor<br>.. Sidiginamola                                                                              |   |



| 1                | 2  | 3                                                                                                                         | 4                                                                                                             |
|------------------|----|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 12. Coorg        | .. | 1. Somwarpet<br>2. Mercara<br>3. Ponampet                                                                                 | .. Suntikoppa<br>.. Napoklu<br>.. Hudikeri                                                                    |
| 13. Bidar        | .. | 1. Homnabad<br>2. Bidar<br>3. Homnabad<br>4. Santapur                                                                     | .. Matla<br>.. Janwad<br>.. Halikod<br>.. Santapur                                                            |
| 14. Gulbarga     | .. | 1. Chincholi<br>2. Gulbarga<br>3. Alland<br>4. Alland (II)<br>5. Shahapura<br>6. Shahapura (II)<br>7. Yadgir<br>8. Yadgir | .. Chincholi<br>.. Mahagaon<br>.. Alland<br>.. Naron<br>.. Shahapura<br>.. Wadegera<br>.. Yergol<br>.. Konkal |
| 15. Raichur      | .. | 1. Koppal<br>2. Koppal (II)<br>3. Gangavathi<br>4. Kushtagi<br>5. Sindhnoor<br>6. Deodurg                                 | .. Hiresindhagi<br>.. Koppal<br>.. Kanakagiri<br>.. Kushtagi<br>.. Sindhnoor<br>.. Jalahalli                  |
| 16. Bijapur      | .. | 1. Badami<br>2. Sindhagi<br>3. Indi<br>4. Bagalkot<br>5. Mudhol<br>6. Badami<br>7. Sindhagi<br>8. Indi                    | .. Keruru<br>.. Almel<br>.. Indi<br>.. Bevoor<br>.. Lokapur<br>.. Pattadkal<br>.. Kalkeri<br>.. Chadehan      |
| 17. North Kanara |    | 1. Ankola<br>2. Karwar<br>3. Kumta<br>4. Siddapur<br>5. Honawar<br>6. Supa                                                | .. Hattikeri<br>.. Angadi<br>.. Kumta<br>.. Kyadgi<br>..<br>.. Supa                                           |
| 18. Dharwar      | .. | 1. Dharwar<br>2. Ron<br>3. Shirhatti<br>4. Navalgund<br>5. Dharwar                                                        | .. Alnawar<br>.. Hole Alur<br>.. Shirhatti<br>.. Morab<br>.. Uppinbetageri                                    |
| 19. Belgaum      | .. | 1. Athani<br>2. Khanapura<br>3. Raibag<br>4. Gokak<br>5. Ramadurga<br>6. Athani<br>7. Hukkeri<br>8. Gokak                 | .. Kagwad<br>.. Nandagad<br>.. Raibag<br>.. Kuligodu<br>.. Hoskote<br>.. Satti<br>.. Ammangi<br>.. Mudalgi    |

## STATEMENT II

LIST OF DEVELOPMENT BLOCKS FOR WHICH HEALTH UNITS OF THE  
GOVERNMENT OF INDIA PATTERN HAVE TO BE SANCTIONED.

| <i>District</i> |    | <i>Block</i>                   | <i>No. of<br/>Blocks</i> |         | <i>Location of the<br/>Health Unit</i> |
|-----------------|----|--------------------------------|--------------------------|---------|----------------------------------------|
| Bangalore       | .. | 1. Kanakapura                  | 1                        | Stage I | Hosadurga                              |
| Tumkur          | .. | 1. Tumkur                      | 1                        | „       | to be fixed                            |
|                 |    | 2. Pavagada                    | 1                        | „       | Kotagudda                              |
|                 |    | 3. Sira                        | 1                        | „       | Bargur                                 |
| Kolar           | .. | 1. Srinivasapur                | 1                        | „ II    | Koorgepalli                            |
|                 |    | 2. Gudibanda                   | 1                        | „ I     | Gudibanda                              |
|                 |    | 3. Chikkaballa-<br>pura.       | 1                        | „       | Dibbur                                 |
| Chitradurga     | .. | 1. Harihar-cum-<br>Davanagere. | 1                        | „       | Kadaganur                              |
| Mysore          | .. | 1. Gundlupet                   | 1                        | „ II    | to be fixed                            |
|                 |    | 2. Periyapatna                 | 1                        | „ I     | „                                      |
|                 |    | 3. Yelandur                    | 1                        | „       | Yelandur                               |
|                 |    | 4. Mysore                      | 2                        | „       | to be fixed                            |
| Hassan          | .. | 1. Arakalgud                   | 1                        | „ II    | Doddamagge                             |
|                 |    | 2. Saklespur                   | 1                        | „ I     | Athihalli                              |
| Mandya          | .. | 1. Malavalli                   | 1½                       | „ II    | Hittinahalli.                          |
| Chikmagalur     | .. | 1. Mudigere                    | 1                        | „ II    | Balehole                               |
|                 |    | 2. Mulky                       | 1                        | „       | Suratkal                               |
| Belgaum         | .. | 1. Chikkodi                    | 2                        | „       | 1. Sadalga                             |
|                 |    | 2. Hukkeri                     | 1                        | „       | 2. Kabbur                              |
|                 |    | 3. Gokak                       | 1                        | „       | Daddi                                  |
|                 |    |                                |                          |         | to be fixed                            |
| Dharwar         | .. | 1. Ron                         | 1                        | „       | Nidagundi                              |
|                 |    | 2. Kalghatgi                   | 1                        | „ I     |                                        |
|                 |    | 3. Naragund                    | 1                        | „       |                                        |
|                 |    | 4. Mundargi                    | 1                        | „       |                                        |
|                 |    | 5. Kundgol                     | 1                        | „       |                                        |
| Bijapur         | .. | 1. Hungunda                    | 2                        | „       |                                        |
|                 |    | 2. Biligi                      | 1                        | „       | Galgali                                |
| Gulberga        | .. | 1. Gulberga                    | 1                        | „ II    | Mudhol                                 |
|                 |    | 2. Serum                       | 1                        | „ I     | Faratabad                              |

| 1                 | 2                    | 3 | 4                       |
|-------------------|----------------------|---|-------------------------|
| Raichur           | .. 1. Yelburga       | 2 | „ I Yelburga<br>Kukunur |
| Bidar             | .. 1. Bidar          | 1 | „ II to be fixed        |
|                   | 2. Santapur          | 1 | „ I to be fixed         |
| <i>Abstract :</i> | Stage II — 14 Blocks |   |                         |
|                   | Stage I — 23 „       |   |                         |
|                   | —                    |   |                         |
|                   | Total 37 „           |   |                         |

**FINANCIAL STATEMENT FOR THE FORMATION OF 37 PRIMARY  
HEALTH CENTRES OF THE GOVERNMENT OF INDIA PATTERN DURING  
1960-61.**

|                                                   |                                                                                                             |  | <i>Average cost</i> |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|---------------------|
|                                                   |                                                                                                             |  | <i>Rs.</i>          |
| <b>I. Recurring— a. Staff:—</b>                   |                                                                                                             |  |                     |
| 1.                                                | One Medical Officer (250—600) plus D. A.<br>Rs. 50 plus Special allowance Rs. 50.                           |  | 552 2/9             |
| 2.                                                | One Health Visitor or Public Health<br>Nurse (75—180) plus D. A. Rs. 35 plus Spl.<br>Allowance Rs. 15.      |  | 182 1/2             |
| 3.                                                | One Junior Health Inspector (50—120)<br>plus D. A. 30 plus F.T.A. Rs. 8 plus Spl.<br>Allowance Rs. 10.      |  | 133                 |
| 4.                                                | One Compounder (40—80) plus D. A.<br>Rs. 25 plus Special Allowance Rs. 5.                                   |  | 92 2/9              |
| 5.                                                | Four Midwives (40—60) plus D. A.<br>Rs. 25 plus F.T.A. Rs. 8 plus U.A. Rs. 10<br>plus Spl. Allowance Rs. 5. |  | 400 8/9             |
| 6.                                                | Two Peons (25—35) plus D. A. Rs. 25 ..                                                                      |  | 110                 |
|                                                   | per month .. ..                                                                                             |  | 1,471               |
|                                                   | per annum .. ..                                                                                             |  | 17,652              |
| <b>b. Medicine and other charges:—</b>            |                                                                                                             |  | 4,000               |
| Total recurring charges per annum per unit ..     |                                                                                                             |  | 21,652              |
| For 37 Primary Health Centres .. ..               |                                                                                                             |  | 8,01,124            |
| <b>II. Non-recurring— a. Cost of equipment: -</b> |                                                                                                             |  |                     |
| 1.                                                | Towards furniture .. ..                                                                                     |  | 2,500               |
| 2.                                                | Towards Linen (Bedding and Clothing) .. ..                                                                  |  | 1,500               |
| 3.                                                | All other types of Hospital Equipment .. ..                                                                 |  | 6,000               |
|                                                   | Total .. ..                                                                                                 |  | 10,000              |
| <b>b. Buildings—</b>                              |                                                                                                             |  | 80,000              |
|                                                   | Total .. ..                                                                                                 |  | 90,000              |
| For 37 Primary Health Units .. ..                 |                                                                                                             |  | 33,30,000           |

|                                    |    |    |           |
|------------------------------------|----|----|-----------|
| Total Expenditure—                 |    |    |           |
| III. For 37 Primary Health Units - |    |    | Rs.       |
| Total Recurring Charges            | .. | .. | 8,01,124  |
| Total non-recurring charges        | .. | .. | 33,30,000 |
| Total                              | .. | .. | 41,31,124 |

## IV. Central Assistance—

|                                                               |    |    |           |
|---------------------------------------------------------------|----|----|-----------|
| (1) Recurring Rs. 8,500×37                                    | .. | .. | 3,14,500  |
| (2) Non-recurring (75 per cent of non-recurring expenditure). |    |    | 24,97,500 |
|                                                               |    |    | 28,12,000 |

## V. State share—

|                                                              |    |    |          |
|--------------------------------------------------------------|----|----|----------|
| 1. Recurring                                                 | .. | .. | 4,86,624 |
| 2. Non-recurring (25 per cent of non-recurring expenditure). |    |    | 8,32,500 |

\* Details for Rs. 8,500 (Rs. 2,000 for drugs  
(Rs. 6,500 towards expenditure in staff)

## STATEMENT III

## MYSORE STATE DEPARTMENT OF PUBLIC HEALTH.

List showing the Primary Health Units (except G. O. I. type)  
Mysore type.

| Sl. No. | Name of the District | Name of the Secondary Centre          | Name of the Primary Health Unit                                                                                                 | Name of the Maternity Hospital                                 |
|---------|----------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1       | 2                    | 3                                     | 4                                                                                                                               | 5                                                              |
| 1.      | Bangalore            | Health Training Centre : Ramanagaram. | 1. Kailancha (1955).<br>2. Harohally<br>3. Sugganahally<br>4. Doddabalana-hally.<br>5. Kodihally<br>6. Satnur<br>7. K. R. Puram | Ramanagaram<br>Kanakapura<br>Nelamangala<br>Doddabalana-hally. |
| 2.      | Bellary              |                                       | 1. Tekkalakota<br>2. Sirigere<br>3. Karur<br>4. Rarvi<br>5. Ravihal                                                             | Sirugoppa                                                      |

| 1  | 2            | 3           | 4                                                                                                                                                                                                                                                  | 5                                                                                 |
|----|--------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 3. | Chikmagalur. | Chikmagalur | 1. Chikmagalur<br>2. Attigundi<br>3. Kalasapura<br>4. Sakrepatna<br>5. Aldur<br>6. Vastara<br>7. K. R. Pet (Amble.)                                                                                                                                |                                                                                   |
|    |              | Hudigere    | 1. Kalasa<br>2. Niduvale<br>3. Javali<br>4. Daradahalli<br>5. Hirebylu<br>6. Mudigere<br>7. Banakal<br>8. Gonibid<br>9. Nandipura<br>10. Koppa<br>11. Sringeri<br>12. N. R. Pura<br>13. Hariharapura<br>14. Kattinamane<br>15. Begar<br>16. Tadasa | Kalasa<br><br><br><br><br>Mudigere<br><br><br><br><br>Koppa<br><br><br>N. R. Pura |
|    |              | Balehonnur  | 1. Balehonnur<br>2. Jayapura<br>3. Basrikatte<br>4. Janagaddi<br><br>1. Lakkavalli<br>2. Lingadhalli<br>3. Ajjampura<br>4. Bukkambudi<br>5. Hunsaghatta<br>6. Santhaveri                                                                           | Balehonnur<br><br><br><br>Tarikere<br><br>Ajjampura                               |
| 4. | Chitradurga. |             | 1. Vanivilasa Sagar.<br>2. Ranganathapura.<br>3. Vanivilasapura<br>4. Maradihalli<br>5. Dharamapura<br>6. Malebennur<br>7. Hadadi<br>8. Belludi<br>9. Neerlige<br>10. Honnur (L.F.D.)<br>11. Kandagal                                              | Hiriyur<br>Jagalur<br>Molakalmuru<br>Harihar                                      |

| 1                 | 2           | 3 | 4                                                                                                                            | 5                                                       |
|-------------------|-------------|---|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 5. Hassan         |             |   | 1. Halli Mysore<br>2. Kunche (Direct under D.M.O., Hassan.)<br>3. Srinivasapura<br>4. Holenarasipura                         | Holenarasipura                                          |
|                   | Alur        |   | 1. Kenchammana Hosakote.<br>2. Rayarakoppal<br>3. Ponnathapura                                                               |                                                         |
|                   | Belur       |   | 1. Belur<br>2. Kesagodu<br>3. Gendehalli<br>4. Arehalli<br>5. Naganahalli<br>6. Halebidu<br>7. Hagare                        | Belur                                                   |
|                   | Sakaleshpur |   | 1. Sakaleshpur<br>2. Ballupet<br>3. Hethur<br>4. Belagodu<br>5. Sukravarasanthé.<br>6. Hanbal<br>7. Yeslurpet<br>8. Huchangi |                                                         |
| 5. Hassan (contd) | Arkalgud    |   | 1. Arakalgud<br>2. Mallipatna<br>3. Konanur<br>4. Rudrapatna                                                                 | Arakalgud<br>Konanur                                    |
| 6. Kolar          | Sidlaghatta |   | 1. Melur<br>2. Ganjigunte<br>3. Sadali<br>4. Jangamakote<br>5. Basettihalli<br>6. Budikote<br>7. Srinivasapura<br>8. Yeldur  | Melur<br>Malur<br>Bagepalli<br>Mulabagal<br>Sidlaghatta |
| 7. Mysore         |             |   | 1. Bannur<br>2. Kalkuni (Sosale).<br>3. Nandinathapura.                                                                      | Bannur<br>Chamarajanagar.                               |

| 1         | 2 | 3                  | 4                                                                                                                                                                                                                                                | 5                                                               |
|-----------|---|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
|           |   | Krishnaraja-nagar. | 1. Hampapur<br>2. Krishnaraja-nagar.<br>3. Saligrama<br>4. Hebbalu<br>5. Thippur<br>6. Mirle<br>7. Hansoge<br><br>1. Sargur<br>2. Nisna<br>3. Bedagalapura<br>4. Hampapur<br>5. Kyathanahalli<br>(Alanahatti.)<br>6. Kagalvadi<br>(C. Nagar Tq.) | Krishnaraja-nagar.<br>Saligrama                                 |
|           |   | Gundlupet          | 1. Gundlupet<br>2. Terakanambi<br>3. Begur<br>4. Kabbahalli<br>5. Hundipura<br>6. Nanjanagud                                                                                                                                                     | Gundlupet<br><br><br>Kabbahalli<br>Nanjangud<br>Hadya<br>Hunsur |
| 8. Mandya |   | Mandya             | 1. Mandya<br>2. Kothathi<br>3. Kilara                                                                                                                                                                                                            |                                                                 |
|           |   | Maddur             | 1. Maddur<br>2. Gajjalagere<br>(Kestur).<br>3. Besagarahalli<br>4. Koppa<br>5. Doddaras inakere                                                                                                                                                  | Maddur                                                          |
|           |   | Srirangapatna      | 1. Srirangapatna<br>2. Arakere<br>3. Bandihole<br>4. Akkihebbal<br>5. Somanahalli                                                                                                                                                                | Srirangapatna                                                   |
|           |   | Malavalli          | 1. Malavalli<br>2. Dugganahalli<br>3. Agasanapura<br>4. Kirgaval<br>5. Belakavadi<br>6. Halagur<br>7. Kyathana<br>halli (LFD).<br>8. Chanadagal<br>(Keragodu).                                                                                   | Malavalli<br><br><br><br><br><br>Kyathana-halli.                |



| 1          | 2            | 3 | 4                           | 5          |
|------------|--------------|---|-----------------------------|------------|
| 9. Shimoga | Shimoga      |   |                             | Honnali    |
|            |              |   | 2. Kumsi                    |            |
|            |              |   | 3. Bhadra                   |            |
|            |              |   | 4. Holehonnur               |            |
|            |              |   | 5. Thyavanige               |            |
|            |              |   | 6. Kulambi                  |            |
|            |              |   | 7. Sowlanga                 |            |
|            |              |   | 1. Jade                     |            |
|            |              |   | 2. Chandragutti             |            |
|            |              |   | 3. Anavatti                 |            |
|            |              |   | 4. Ulvi                     |            |
|            |              |   | 5. Tattur                   |            |
|            |              |   | 6. Kuppagadde               |            |
|            |              |   | 7. Shigga<br>(Niduvale).    |            |
|            |              |   | 8. Motaguppa<br>(Hosabale). |            |
|            | Shikarpur    |   | 1. Shikaripur               | Shikaripur |
|            |              |   | 2. Chickjogihalli           |            |
|            |              |   | 3. Sunnadakoppa             |            |
|            |              |   | 1. Nagar                    |            |
|            |              |   | 2. Hunchadakatte            |            |
|            |              |   | 3. Haridravathi             |            |
|            |              |   | 4. Yadur                    |            |
|            |              |   | 5. Kodur                    |            |
|            |              |   | 6. Sonli                    |            |
|            | Anandapuram  |   | 1. Anandapuram              |            |
|            |              |   | 2. Ripponpet                |            |
|            |              |   | 3. Thygarthi                |            |
|            |              |   | 4. Heggodu                  |            |
|            | Thirthahalli |   | 1. Agumbe                   |            |
|            |              |   | 2. Megaravalli              |            |
|            |              |   | 3. Devangi                  |            |
|            |              |   | 4. Malur                    |            |
|            |              |   | 5. Mandagadde               |            |
|            |              |   | 6. Araga                    |            |
|            |              |   | 7. Aralasureli              |            |
|            |              |   | 8. Kannagi                  |            |
|            |              |   | 9. Kathegaru                |            |
|            | Sagar        |   | 1. Sagar                    |            |
|            |              |   | 2. Hirenallur               |            |
|            |              |   | 3. Avinahalli               |            |
|            |              |   | 4. Tumari                   |            |
|            |              |   | 5. Aralagodu                |            |
|            |              |   | 6. Hirebaskar               |            |
|            |              |   | 7. Bhimanakone              | Nyamath    |

| 1                       | 2                | 3  | 4                                                                                                                              | 5                                                                               |
|-------------------------|------------------|----|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 10.                     | Tumkur ..        | .. | 1. Mayasandra<br>2. Dandinasivara<br>3. Amruthur<br>4. Yedavanne<br>5. Kunigal<br>6. Nagasandra<br>7. Huliurdurga<br>8. Ujjani | Kunigal<br>Pavagada<br>Gubbi                                                    |
| <i>Bombay Area :</i>    |                  |    |                                                                                                                                |                                                                                 |
| 11.                     | Bijapur ..       | .. | 1. Kaladgi<br>2. Huvinappargi                                                                                                  | } Combined<br>Medical and<br>Public Health<br>Units of the<br>Bombay<br>pattern |
| 12.                     | Belgaum ..       | .. | 3. Savalgi                                                                                                                     |                                                                                 |
|                         |                  |    | 1. Murugod<br>2. Soundalga<br>3. Madbhavi                                                                                      |                                                                                 |
| <i>Hyderabad Area :</i> |                  |    |                                                                                                                                |                                                                                 |
| 13.                     | Gulbarga         | .. | 1. Yadgir<br>2. Gangavathi                                                                                                     |                                                                                 |
| 14.                     | Raichur ..       | .. | 1. Deodurg                                                                                                                     |                                                                                 |
| 15.                     | Bidar ..         | .. | 2. Chitgoppa                                                                                                                   |                                                                                 |
| <i>Madras Area :</i>    |                  |    |                                                                                                                                |                                                                                 |
| 16.                     | South<br>Kanara. | .. | 1. Bajpe<br>2. Byndur                                                                                                          |                                                                                 |

## STATEMENT IV.

## MODIFIED HEALTH UNITS.

- |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <i>Shimoga District</i></p> <ol style="list-style-type: none"> <li>1. Mathikote</li> <li>2. Hosur</li> <li>3. Chickjogihalli</li> <li>4. Archahalli</li> <li>5. Konandur</li> <li>6. Solur</li> <li>7. Hurali</li> <li>8. Channagiri</li> <li>9. Marvangi</li> <li>10. Tavarekere</li> <li>11. Nallur</li> <li>12. Basavapatna</li> <li>13. Thirthahalli</li> <li>14. Mutinakoppa</li> </ol> | <p>2. <i>Chikmagalur District.</i></p> <ol style="list-style-type: none"> <li>1. Lakya</li> <li>2. Bendiga</li> <li>3. Pandravalli</li> <li>4. Janakanahalli</li> <li>5. Tanudi</li> <li>6. Situr</li> <li>7. Melagadde</li> <li>8. Nemmar</li> <li>9. Vaikuntapura</li> <li>10. Yemmedoddi</li> <li>11. Tanigebylu</li> </ol> <p>3. <i>Hassan District.</i></p> <ol style="list-style-type: none"> <li>1. Palya</li> <li>2. Kundur</li> <li>3. Bikkodu</li> <li>4. Basavapatna</li> <li>5. Handarangi</li> <li>6. Doddamaggi</li> <li>7. Bennur</li> </ol> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## STATEMENT V.

LIST OF FAMILY PLANNING CENTRES IN THE STATE, THEIR DISTRICT  
OF LOCATION AND THE DATE OF OPENING.

|                                                           | <i>District of<br/>location.</i> | <i>Date of<br/>opening.</i> |
|-----------------------------------------------------------|----------------------------------|-----------------------------|
| <b>URBAN CENTRES.</b>                                     |                                  |                             |
| 1. Civil Hospital, Virajapet ..                           | Coorg                            | 1-5-1955                    |
| 2. Civil Hospital, Somwarpet ..                           | Coorg                            | 1-6-1955                    |
| 3. Women's and Children's Hospital, Mercara.              | Coorg                            | 1-7-1955                    |
| 4. Narasimharaja Hospital, Kolar                          | Kolar                            | 20-11-1957                  |
| 5. Civil Hospital, Bidar ..                               | Bidar                            | 13-1-1958                   |
| 6. Civil Hospital, Belgaum ..                             | Belgaum                          | 15-1-1958                   |
| 7. Civil Hospital, Bellary ..                             | Bellary                          | 20-1-1958                   |
| 8. Civil Hospital, Raichur ..                             | Raichur                          | 20-1-1958                   |
| 9. Mc Gan Hospital, Shimoga ..                            | Shimoga                          | 1-3-1958                    |
| 10. Civil Hospital, Bijapur ..                            | Bijapur                          | 1-4-1958                    |
| 11. Civil Hospital, Dharwar ..                            | Dharwar                          | 16-6-1958                   |
| 12. District Hospital, Mandya ..                          | Mandya                           | 1-7-1958                    |
| 13. Civil Hospital, Gulberga ..                           | Gulberga                         | 1-8-1958                    |
| <b>RURAL CENTRES.</b>                                     |                                  |                             |
| 1. Combined Dispensary, Kanakapura.                       | Bangalore                        | 21-11-1957                  |
| 2. Combined Dispensary, Hole-narasipura.                  | Hassan                           | 1-1-1958                    |
| 3. Maternity Hospital, Sagar ..                           | Shimoga                          | 1-1-1958                    |
| 4. Combined Dispensary, Tarikere                          | Chickmagalur                     | 27-2-1958                   |
| 5. Combined Dispensary, Yadgir ..                         | Gulbarga                         | 1-3-1958                    |
| 6. Combined Dispensary, K.R. Nagar.                       | Mysore                           | 13-3-1958                   |
| 7. Government Hospital, Udipi ..                          | South Kanara                     | 1-4-1958                    |
| 8. Municipal Hospital, Sirsi ..                           | North Kanara                     | 7-7-1958                    |
| 9. Civil Hospital, Karwar ..                              | North Kanara                     | 13-11-1958                  |
| 10. Chitguppi Hospital, Hubli ..                          | Dharwar                          | 15-11-1958                  |
| 11. P.W. Hospital, Jamakhandi ..                          | Bijapur                          | 17-11-1958                  |
| 12. Government Hospital, Channapatna.                     | Bangalore                        | 22-11-1958                  |
| 13. Government Hospital, Coondapur                        | South Kanara                     | 1-12-1958                   |
| 14. Combined Dispensary, Mudigere                         | Chickmagalur                     | 16-1-1959                   |
| 15. M. & C. H. Centre, Kunigal ..                         | Tumkur                           | 11-2-1959                   |
| 16. Municipal Hospital, Bagalkot ..                       | Bijapur                          | 20-2-1959                   |
| 17. Women's Hospital, Primary Health Unit, Doddaballapur. | Bangalore                        | 1-7-1959                    |
| 18. Maternity Hospital, Primary Health Unit, Malavalli.   | Mandya                           | 1-6-1959                    |
| 19. Women's Hospital, Saklespur ..                        | Hassan                           | 16-7-1959                   |
| 20. Combined Dispensary, Primary Health Unit, Gundlupet.  | Mysore                           | 1-7-1959                    |

|                                                           | <i>District of<br/>location</i> | <i>Date of<br/>opening</i> |
|-----------------------------------------------------------|---------------------------------|----------------------------|
| 21. Mysore Iron and Steel Works<br>Hospital, Bhadravathi. | Shimoga                         | 1-7-1959                   |
| 22. Women's Dispensary, Harihara                          | Chitradurga                     | 1-6-1959                   |
| 23. Women's Hospital, Chickballapur                       | Kolar                           | 16-6-1959                  |
| 24. Health Unit Dispensary,<br>Srirangapatna.             | Mandya                          | 1-6-1959                   |
| 25. Maternity Hospital, Bannur ..                         | Mysore                          | 1-6-1959                   |
| 26. Government Hospital, Hospet ..                        | Bellary                         | 1-6-1959                   |
| 27. Local Fund Dispensary, Kumta                          | North Kanara                    | 26-5-1959                  |
| 28. Primary Health Centre, Koppa..                        | Chickmagalur                    | 1-7-1959                   |
| 29. Local Fund Dispensary, Athani                         | Belgaum                         | 20-6-1959                  |
| 30. Government Dispensary, Mahagaon                       | Gulberga                        | 14-7-1959                  |

**FAMILY PLANNING CENTRES ATTACHED TO TEACHING  
INSTITUTIONS.**

|                                         |           |           |
|-----------------------------------------|-----------|-----------|
| 1. Lady Goschen Hospital,<br>Mangalore. | Mangalore | 10-5-1955 |
| 2. Vani Vilas Hospital, Bangalore ..    | Bangalore | 16-5-1958 |
| 3. Cheluvamba Hospital, Mysore ..       | Mysore    | 14-1-1959 |

**FAMILY PLANNING CLINICS WORKING UNDER VOLUNTARY  
ORGANISATIONS IN MYSORE STATE.**

|                                                              |              |            |
|--------------------------------------------------------------|--------------|------------|
| 1. Family Planning Clinic, Rugna-<br>sewa Mandal, Belgaum.   | Belgaum      | 26-1-1955  |
| 2. Family Planning Clinic, Seshadri-<br>puram, Bangalore-9.  | Bangalore    | 3-10-1955  |
| 3. Family Planning Clinic,<br>44, Cavalry Road, Bangalore-1. | Bangalore    | 1-11-1956  |
| 4. Family Planning Clinic,<br>Women's Hospital, Hubli.       | Dharwar      | 26-11-1956 |
| 5. Family Planning Assceiation,<br>S. K. Branch, Manipal.    | South Kanara | 1-4-1957   |
| 6. K.A.V. Society, Khasbag ..                                | Belgaum      | 1-1-1960   |

**FAMILY PLANNING TRAINING CENTRES.**

|                                                                                          |           |           |
|------------------------------------------------------------------------------------------|-----------|-----------|
| 1. Family Planning Training,<br>Demonstration and Experimen-<br>tal Centre, Ramanagaram. | Bangalore | 15-2-1957 |
| 2. Family Planning Training Centre,<br>Lady Goschen Hospital,<br>Mangalore.              | Mangalore |           |
| 3. Family Planning Training Centre,<br>Cheluvamba Hospital, Mysore.                      | Mysore    |           |

## STATEMENT V(a).

*Place at which Family Planning Centres are to be Started  
during 1960-61.*

## URBAN CENTRES.

1. Chitradurga Government Hospital.
2. Tumkur Government Hospital.
3. Chickmagalur Government Hospital.
4. K.G.F. Government Maternity Hospital.
5. Hassan Government Hospital.
6. Bowring and Lady Curzon Hospital, Bangalore.
7. Davanagere Government Hospital.

## RURAL CENTRES.

|                                      |    |    |    | <i>District.</i> |
|--------------------------------------|----|----|----|------------------|
| 1. Hosakote, M.C.H.                  | .. | .. | .. | Bangalore        |
| 2. Nelamangala, P.H.C.               | .. | .. | .. | Bangalore        |
| 3. Sidlaghatta, P.H.C.               | .. | .. | .. | Kolar            |
| 4. Srinivasapura, P.H.C.             | .. | .. | .. | Kolar            |
| 5. Chamarajanagar, P.H.C.            | .. | .. | .. | Mysore           |
| 6. Jog Government Hospital           | .. | .. | .. | Shimoga          |
| 7. Puttur Block, P.H.C.              | .. | .. | .. | S. Kanara        |
| 8. Karkala Block, P.K.S.             | .. | .. | .. | S. Kanara        |
| 9. Supa, P.H.C.                      | .. | .. | .. | N. Kanara        |
| 10. Siddapur, P.H.C.                 | .. | .. | .. | N. Kanara        |
| 11. Siraguppa, P.H.C.                | .. | .. | .. | Bellary          |
| 12. Sandur, P.H.C.                   | .. | .. | .. | Bellary          |
| 13. Ron, P.H.C.                      | .. | .. | .. | Dharwar          |
| 14. Sirhatti, P.H.C.                 | .. | .. | .. | Dharwar          |
| 15. Hiriyur, M.C.H.                  | .. | .. | .. | Chitradurga      |
| 16. Chicknayakanahally Block, P.H.C. | .. | .. | .. | Tumkur           |
| 17. Gubbi, P.H.C.                    | .. | .. | .. | Tumkur           |
| 18. Khanapur, M.C.H.                 | .. | .. | .. | Belgaum          |
| 19. Soundalaga Chikodi Taluk, P.H.C. | .. | .. | .. | Belgaum          |
| 20. Badami Block, P.H.C.             | .. | .. | .. | Bijapur          |
| 21. Sindagi, P.H.C.                  | .. | .. | .. | Bijapur          |
| 22. Sindanur, P.H.C.                 | .. | .. | .. | Raichur          |
| 23. Kushtagi, P.H.C.                 | .. | .. | .. | Raichur          |
| 24. Shahpur, P.H.C.                  | .. | .. | .. | Gulberga         |
| 25. Belur, P.H.C.                    | .. | .. | .. | Hassan           |
| 26. Maddur, P.H.C. Mandya            | .. | .. | .. | Mandya           |
| 27. Santhebennur, L.F.D.             | .. | .. | .. | Shimoga          |
| 28. Humnabad Block P.H.C.            | .. | .. | .. | Bidar            |

*N.B.*—M.C.H. Maternity and Child Health.

P.H.C. Primary Health Centre.

L.F.D. Local Fund Dispensary.

## STATEMENT VI.

STATEMENT SHOWING NAMES OF THE CENTRES (LEPROSY) BOTH  
PRIVATE AND VOLUNTARY IN MYSORE STATE.

| <i>Name of the District.</i> | <i>Government.</i>                          | <i>Private.</i>                                                                                                              |
|------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Bangalore ..                 | 1. Central Leprosarium.                     |                                                                                                                              |
| Kolar ..                     | 1. Leprosy Subsidiary Centre, Gowribidanoor |                                                                                                                              |
| Mysore ..                    | 1. Leprosy Subsidiary Centre, Kollegal.     | 1. Holdsworth Memorial Hospital, Mysore.<br>2. Gandhi Memorial Leprosy Foundation, T. Narasipur.                             |
| Bijapur ..                   | 1. Leprosy Subsidiary Centre, Illikal.      | 1. District Leprosarium Bijapur.                                                                                             |
| Belgaum ..                   |                                             | 1. Leprosy Hospital, Hindalga.<br>2. Silver Jubilee Leprosy Hospital, Sankeswar.<br>3. Kushta Roga Nivaran Kendra, Khangoan. |
| South Kanara                 | 1. Leprosy Subsidiary Centre, Coondapur.    | 1. St. Joseph's Leprosy Hospital, Kanakanadi.                                                                                |
| Bidar ..                     | 1. Leprosy Subsidiary Centre, Bidar.        |                                                                                                                              |
| Gulbarga ..                  | 1. Leprosy Subsidiary Centre, Gulbarga.     |                                                                                                                              |
| Dharwar ..                   | 1. Leprosy Subsidiary Centre, Gajendragad.  |                                                                                                                              |
| Bellary ..                   | 1. Leprosy Subsidiary Centre, Harpanahalli. |                                                                                                                              |

*Leprosy Subsidiary Centres Sanctioned during 1960-61.*

- |               |                            |
|---------------|----------------------------|
| 1. Raichur .. | 1. Headquarters not fixed. |
| 2. Belgaum .. | 2. Do do                   |

(28) *Medical Stores and Equipments*

1. The Government Medical Stores, Bangalore, have been spending on medicines and equipments, the following amounts during 1956-57, 1957-58, 1958-59 and 1959-60 :—

| <i>Year.</i>                                   | <i>Budget estimates under<br/>Hospital<br/>Necessaries.</i> | <i>Amount spent<br/>during the year<br/>(Actuals).</i> |
|------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
|                                                | <i>Rs.</i>                                                  | <i>Rs.</i>                                             |
| 1956-57 (first 7 months)<br>(pre-integration). | 20,00,000<br>(for the full year)                            | 4,52,560<br>(for the first 7<br>months).               |
| 1956-57 (last 5 months)<br>(post-integration). | 12,77,150                                                   | 12,34,406,<br>(last 5 months)                          |
| 1957-58                                        | 28,22,000                                                   | 31,95,060                                              |
| 1958-59                                        | 30,00,000                                                   | 32,48,946                                              |
| 1959-60                                        | 36,00,000                                                   | 30,57,705                                              |

2. It will be seen that the expenditure for the two financial years 1957-58 and 1958-59 has been in the neighbourhood of Rs. 32,00,000 for 19 districts. This will average about a lakh and half on medicines and equipments for each district. The average population of most of the districts is about ten lakhs. On the population basis, we have been spending on medicines and equipments, 1½ lakhs for ten lakhs of population, which by all standards, cannot be considered as adequate. I would, therefore, make a very strong recommendation for enhancement of grants for medicines and equipments. I would suggest that the total annual allotments should be increased to one crore of rupees for the whole State.

3. At present, there are complaints from all over the State that medical supplies are inadequate and that they are not being received in time. This matter may be attended to.

4. The Government Medical Stores, which were originally intended to cater for the former Mysore State have been called upon to supply medicines, etc., now, to 19 districts. The Medical Stores require to be expanded immediately by way of buildings and additional staff, consistent with the great increase in demand now made on the Stores.



5. I learn, that the list of Drugs and Equipments authorised to be supplied from the Medical Stores, has been revised recently. I find from perusal of the list, that the requirements are exhaustive. Wherever any additional items are considered necessary, they may be added from time to time. Many of the old remedies have been retained. This is satisfactory.

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## CHAPTER IV.

ADMINISTRATION OF MEDICAL AND PUBLIC  
HEALTH SERVICES IN THE STATE.I. THE SET-UP OF THE DIRECTORATE OF MEDICAL SERVICES,  
BANGALORE.

Before submitting my recommendations for the administration of the Medical and Public Health Departments, the present set-up of the two departments is given below :—

The Chief Administrative Head of the Medical Department is designated as the "DIRECTOR OF MEDICAL SERVICES". He is assisted by the following officers :—

|                                                                                     |    |   |
|-------------------------------------------------------------------------------------|----|---|
| 1. Deputy Director of Medical Services                                              | .. | 1 |
| 2. Financial Assistant                                                              | .. | 1 |
| 3. Administrative Medical Officer, Employees'<br>State Insurance Schemes, Bangalore | .. | 1 |
| 4. Personal Assistant                                                               | .. | 1 |
| 5. Assistant Director of Medical Services,<br>'Indian Medicine', Bangalore          | .. | 1 |

The existing duties of the various officers, who work under the overale control of the Director of Medical Services, are as follows :—

*A. Deputy Director of Medical Services.*

1. To assist the Director of Medical Services in all technical and administrative matters.

2. To inspect Medical institutions and to advise the Director of Medical Services with regard to their improvements, etc., as and when required.

3. To supervise the work of the staff.

4. To perform the duties of the Director of Medical Services, while he is out of headquarters.

5. Establishment—leave, appointments, transfers, promotions, complaints and punishments, etc.

6. The training of Nurses, Midwives, Compounders and Technicians, etc.

7. The purchase of equipments and medicines through the Stores Purchase Committee.

8. Honorary Medical Officers—leave, appointments, etc.

9. Management of T. B. Institutions.

10. Purchase of Ambulance Vans and their accessories.

*B. Financial Assistant.*

1. To assist the Director of Medical Services in all financial matters, and to attend to the correspondence relating thereto.

2. Receipt and disposal of tenders.

3. Cash transaction of the office.

4. Budget.

5. Medical Attendance Rules.

6. Grants-in-Aid.

7. The recovery of contribution from Local Bodies.

8. Comparison and re-conciliation of the departmental figures with those of the Accountant General.

9. Advances.

10. Inspection and Audit.

11. General Provident Fund and Pension.

12. Countersignature of Bills and such other financial matters as may be assigned by the Director of Medical Services from time to time.

*C. Administrative Medical Officer, E. S. I. S.*

1. He is responsible for the administration of the E. S. I. Scheme under the direct supervision and control of the Director of Medical Services, who is the Principal Medical Officer under the E. S. I. Scheme consisting of Two Hospitals, 23 whole-time Dispensaries, 2 Part-time Dispensaries and 4 Employer's Dispensaries in greater Bangalore area.

Employees' State Insurance Scheme is extended to Hubli Town with effect from 27th March 1960. One Dispensary under the Scheme has been started from the date of implementation in the Municipal Rest House, temporarily, pending allocation of an alternate building.

Proposals are underway for extension of the Scheme during 1961-62 to :—

- (1) Dandlee—Dharwar District.
- (2) Mangalore—S. K. District.
- (3) Mysore City.
- (4) Gulberga.
- (5) Davanagere.

*D. Personal Assistant.*

1. To assist the Director of Medical Services in Planning Schemes.
2. Opening of Medical Colleges.
3. Correspondence relating to Medical Colleges.
4. Construction of buildings.
5. Water-supply and sanitation of buildings.
6. Electrification of buildings.
7. Constitution and Re-constitution of Board of Visitors.
8. Advisory Committees.
9. B. C. G. Vaccination Scheme.
10. Conferences.

*E. Assistant Director of Medical Services (Indian Medicine).*

1. To supervise and control the dispensaries throughout the State and to perform while residing in Headquarters all the Administrative work of the Head Office.
2. To check and control all Indents of the Medical Officers in independent charge throughout the State.
3. To inspect as far as possible with the assistance of other staff, all Medical Institutions once every half year and oftener, if necessary.
4. To perform the duties of the Secretary, State Control of Indian Medicines.
5. To perform the duties as Secretary, Board of Studies in Indian Medicine and conduct Examinations of all Ayurvedic Colleges in the State.
6. To perform the duties as Secretary to the Advisory Board of Central Pharmacy.

*F. Statistical Supervisor*

1. Collection and compilation of the Statistical data as per W. H. O. Regulation No. 1.

2. Publication of the Administration Report of the Medical Department.

3. Bringing out of the Special Publication of the Medical Department every year (district-wise) incorporating 19 District Medical Maps, locating all categories of Medical Institutions with different symbols.

4. Compilation of Statistical Information from all the Medical Institutions of the State for the Administration Report of the Director General of Health Services, New Delhi.

5. The maintenance of up-to-date statistical information to meet the daily requirements of the office and to furnish the statistical information required frequently by the State Government, Government of India, Principal Information Officer, State Statistician, Director of Public Health, neighbouring States and W. H. O. Authorities.

6. Compiling of up-to-date statistical information with regard to questions from Legislative Assembly and Legislative Council and also questions received from the Lower and Upper Houses of the Parliament of the Central Government.

The work of the Directorate of Medical Services has expanded a great deal since the formation of the Reorganised State of Mysore. The Directorate is responsible for Medical Administration of 19 Districts, of 3 Medical Colleges as well as Employees' State Insurance Scheme.

The Director of Medical Services prior to 1952, was designated as the SENIOR SURGEON. Prior to 1st November 1956 it was not part of his duty to administer the E. S. I. Scheme and the Medical Colleges. His jurisdiction extended over 10 Districts only in the erstwhile Mysore State.

The Directorate is handicapped for want of a suitable building. The Government have recently ordered, that "Park Guest House" may be made available for this purpose I trust the accommodation there will be ample and will suitably meet all the requirements of the Office and its staff,

The work in the Statistical Section, which is under the Statistical Supervisor, has greatly increased since the Reorganisation of the Mysore State. I recommend that this Section may be upgraded with a view to enlarging its scope of work, as without reliable statistical data, proper and efficient medical aid, both of preventive and curative nature, cannot be satisfactorily rendered to the Public.

Planning is a very important feature of the Medical administration at present, and the scope of Planning will increase during the period of the Third Five Year Plan. It is, therefore, suggested that a separate Planning Section should be created in the Directorate. Accommodation is totally insufficient for this purpose at present.

## *II. Set up of the Public Health Department :*

The Director of Public Health is in over-all administrative and technical control and is the Head of the Department of Public Health. He is assisted in his work by the Superintendents of the Bureau, each one of whom is in overall technical charge of the Public Health work pertaining to the Bureau concerned. The Director of Public Health in his work is assisted by the Personal Assistant, an Officer of the status of Second Class Health Officer and a Financial Assistant. The Director of Public Health is also ex-officio Drug Controller.

The Government in October 1956 were pleased to sanction three Divisions for the Public Health Department, each in charge of a Deputy Director of Public Health at Belgaum, Mysore and Bangalore. Only the Bangalore Division is now continuing and the other two divisions are not in existence temporarily as per orders of Government. These will be revived on the posting of Deputy Directors of Public Health to these Divisions.

In Divisional arrangements, the District Health Officers are both administratively and technically under the Deputy Directors of Public Health. Wherever the Divisional arrangements are set aside, the District Health Officers are administratively under the Director of Public Health, but for all technical purposes under the Superintendent of the Bureau concerned. The post of Deputy Director of Public Health for Malaria Eradication Programme has also been sanctioned by Government.

The posts of Superintendents of Bureau are generally of First Class Health Officers cadre, but it is not so among those of the District Health Officers, which are manned by First Class Health Officers, the rest being manned by the Second Class Health Officers.

The Bureaus are: the Bureau of Malariology (for all Malaria control and Eradication Operations), Bureau of Epidemiology (for all epidemic disease control, etc.), Bureau of Health Education (for all Health Publicity and propaganda) and the Bureau of Maternity and Childwelfare (for all M. C. H. work). Besides these, the State Family Planning Officer is in charge of Family Planning in the State. Similarly the Superintendent, Public Health Institute is the technical Head of all Laboratories and the Assistant Director of Public Health, B.C.G. Vaccination in-charge of B. C. G. Scheme. The Senior Leprologist is not only in charge of the Central Leprosarium, but also in charge of the technical work of Leprosy control in the State.

For investigation and research work in Malaria and for imparting Malaria Training to Health Personnel in and outside the State, the Malaria investigation Centre, Mandya, has been started with a Malariologist in charge. For the inservice training of health personnel, the Health Training Centre, Ramanagaram, has been established with a Second Class Health Officer in charge. The manufacture and supply of vaccine Lymph is done in the Vaccine Institutes at both Bangalore and Belgaum. The Posts of Superintendents of both these Institutes are those of the cadre of First Class Health Officer. All these officers are directly under the Director of Public Health.

At the District level, the District Health Officer is in complete administrative and technical control of all Public Health work in the district. For purposes of Rural Health work, the Medical Officers of Secondary Centres or, where there are no such Centres, those of Primary Centres are directly under his control. The Malaria Medical Officers are under their control. The District Board Health Staff as also the health staff employed in the Municipalities, where there are no Health Officers, are for all purposes under the technical control of the District Health Officers. A number of Districts are



having District Laboratories at District Headquarters. These laboratories are also under the District Health Officers. The Family Planning Centres and Leprosy Control Centres come under the control of the District Health Officer.

Wherever there are Secondary Centres, a group of Primary Health Centres are attached to such Secondary Centres, the Medical Officers of which exercise technical and administrative control over the Primary Health Centres. The Primary Health Centres of the Government of India type, sanctioned recently by Government are all directly under the District Health Officers.

Uniform scales of pay have been sanctioned, as for other departments, for the staff of the Public Health Department in G. O. No. Fl.(B)-14034-14133-Bud. 119-56-3, dated 25th January 1957. A copy of the scales of pay as per that Government order is enclosed for ready reference. Government have, however, in order to attract personnel to the Public Health Department, revised the scales of pay of the Junior Second Class Health Officer to Rs. 150-10-300 and have ordered that they may be started on Rs. 180 during the probationary period and thereafter on Rs. 200 and that after five years of service, they should be absorbed as Second Class Health Officers (Senior) on 250-600.

Government have also ordered that those Health Officers, who are working in the Rural areas may be given a Rural Allowance of Rs. 50 and Licentiates Rs. 25. The pay of the Assistant Medical Officers of Health (licentiates) has also been revised to Rs. 120-250. Rural Allowances are also sanctioned to Public Health Nurses and Health Visitors at Rs. 10 for work outside the District Headquarters and outside Hubli, Davangere, Kolar Gold Fields and of Rs. 15 for these who work in Rural Health Centres or outside Taluka Headquarters. The Senior and Junior Health Inspectors are given a special allowance of Rs. 10, Midwives Rs. 5, and Compounders Rs. 5. The Allowance is admissible in the above cases only outside District Headquarters and outside Hubli, Davanagere and Kolar Gold Fields.

A statement showing the staffing pattern of different Institutions indicating their numbers is appended:

## STATEMENT A.

SCALES OF PAY OF GAZETTED OFFICERS IN  
PUBLIC HEALTH DEPARTMENT

|                                                        | Rs.                   |
|--------------------------------------------------------|-----------------------|
| 1. Director of Public Health ..                        | 1,200—50—1,500        |
| 2. Deputy Director of Public Health ..                 | 800—40—1,000—50—1,200 |
| 3. Health Officer (Class I) ..                         | 550—30—700—40—860     |
| 4. Chemist, P.H. Department ..                         | 300—25—550—30—700     |
| 5. Health Officers (Class II) ..                       | 250—25—450—30—600     |
| 6. Junior Leprologist ..                               | 225—20—325—25—500     |
| 7. Entomologist, Malaria Investiga-<br>tion Centre. .. | 300—25—550—30—700     |
| 8. Senior Leprologist ..                               | 550—30—700—40—860     |

SCALE OF PAY OF NON-GAZETTED OFFICERS IN THE PUBLIC  
HEALTH DEPARTMENT.

*Ministerial :—*

|                        |                   |
|------------------------|-------------------|
| Superintendent .. ..   | 180—10—300        |
| Chief Accountant .. .. | 180—10—270—15—360 |
| Senior Clerks .. ..    | 120—6—150—10—220  |

*Executive Staff :—*

|                                 |                        |
|---------------------------------|------------------------|
| Asst. Med. Officer of Health .. | 100—5—140—8—180—10—250 |
| Senior Health Inspectors ..     | 100—5—150              |
| Junior Health Inspectors ..     | 50—3—80—4—120          |
| Nursing Supervisors .. ..       | 200—10—300             |
| Public Health Nurse Gr. I ..    | 120—6—150—10—180       |
| Public Health Nurse Gr. II ..   | 75—5—120               |
| Midwives .. ..                  | 40—2—60 Plus UA. 10    |
| Compounders .. ..               | 40—2—50—3—80           |
| Supervising Field Workers ..    | 30—1—40—2—50           |

*Laboratory :—*

|                                   |                          |
|-----------------------------------|--------------------------|
| Chemists .. ..                    | 100—5—120—8—200—10—300   |
| Malaria Supervisor .. ..          | 150—10—250               |
| Surveyor .. ..                    | 125—5—150—10—250         |
| Junior Entomologists .. ..        | 75—5—90—6—150—10—180     |
| Senior Laboratory Technicians ..  | 60—5—90—6—150            |
| Junior Laboratory Technicians' .. | 50—3—80—4—120 (S.S.L.C.) |
| Insect Collectors .. ..           | 30—2—50                  |
| Lab. Technicians .. ..            | 30—1—40—2—50             |
| Mechanic—Senior .. ..             | 100—8—140—10—200         |
| Mechanic—Junior .. ..             | 50—3—80—4—120            |
| Asst. Mechanic .. ..              | 40—2—50—3—80             |
| Carpenter .. ..                   | 50—3—80—4—120            |

*Propaganda Section :—*

|                                        | Rs.                                                                  |
|----------------------------------------|----------------------------------------------------------------------|
| Draftsman .. ..                        | 120—10—200                                                           |
| Asst. Draftsman .. ..                  | 70—5—90—6—150                                                        |
| Propagandist .. ..                     | Senior Health Inspector with<br>an allowance of Rs. 30.              |
| Artist .. ..                           | 55—3—70—4—110—5—120                                                  |
| Mechanic (Cinema Project<br>Operator). | 100—5—150 but present in-<br>cumbent has 100—10—150<br>as personal). |

*Miscellaneous :—*

|                             |              |
|-----------------------------|--------------|
| Drivers .. ..               | 45—2—65—3—80 |
| Senior Calf Attendant .. .. | 30—1—40      |

*Menial Staff :—*

|                   |         |
|-------------------|---------|
| Cleaners          | 30—1—40 |
| Surgery Attendant | }       |
| Do                |         |
| Waterman          |         |
| Watchman          |         |
| Cooks             |         |
| Dhobies           |         |
| Ward Boys         |         |
| Thoties           |         |
| Ward Ayahs        |         |
| Fieldman          | }       |
| Calf Attendant    |         |
|                   | 25—1—35 |

## STATEMENT B.

*I. Staffing Pattern of a Primary Health Units of Mysore Pattern :—*

|                                                 | Mysore type      | (193 Units) |       |
|-------------------------------------------------|------------------|-------------|-------|
|                                                 | Other type units | 9 Units     |       |
| 1. Asst. Medical Officer of Health (Licentiate) | .. ..            | ..          | One   |
| 2. Compounder                                   | .. ..            | ..          | One   |
| 3. Junior Health Inspectors                     | .. ..            | ..          | Two   |
| 4. Midwives                                     | .. ..            | ..          | Three |
| 5. Inferior staff                               | .. ..            | ..          | Four  |

*II. Staffing pattern of Secondary Health Centres of Mysore pattern :—*

(23 Units).

|                                         |       |      |
|-----------------------------------------|-------|------|
| 1. Medical Officer of Health (Gazetted) | .. .. | One  |
| 2. Senior Health Inspector              | .. .. | One  |
| 3. Public Health Nurses                 | .. .. | Two  |
| 4. Reserve Junior Health Inspector      | .. .. | One  |
| 5. Reserve Midwife                      | .. .. | One  |
| 6. First Division Clerk                 | .. .. | One  |
| 7. II Division Typist                   | .. .. | One  |
| 8. Inferior Staff                       | .. .. | Four |

III. Staffing pattern of a Government of India pattern of Health Units:—

(115 Units).

|                                          |    |    |    |      |
|------------------------------------------|----|----|----|------|
| 1. Medical Officer (Gazetted)            | .. | .. | .. | One  |
| 2. Health Visitor or Public Health Nurse | .. | .. | .. | One  |
| 3. Health Inspector                      | .. | .. | .. | One  |
| 4. Midwives                              | .. | .. | .. | Four |
| 5. Compounder                            | .. | .. | .. | One  |
| 6. Inferior Staff                        | .. | .. | .. | Two  |

IV. Staffing pattern of a Leprosy Control Centre (7 Centres):—

|                                 |    |    |    |      |
|---------------------------------|----|----|----|------|
| 1. Medical Officer (Licentiate) | .. | .. | .. | One  |
| 2. Clerks                       | .. | .. | .. | Two  |
| 3. Medico-Social Worker         | .. | .. | .. | One  |
| 4. Non-Medical Assistants       | .. | .. | .. | Four |
| 5. Compounder                   | .. | .. | .. | One  |
| 6. Driver                       | .. | .. | .. | One  |
| 7. Cleaner                      | .. | .. | .. | One  |
| 8. Peons                        | .. | .. | .. | Two  |
| 9. Sweeper                      | .. | .. | .. | One  |

V. Staffing pattern of a District Laboratory (11 Dist. Labs.)

|                               |    |    |    |      |
|-------------------------------|----|----|----|------|
| 1. Medical Officer (Gazetted) | .. | .. | .. | One  |
| 2. Laboratory Technicians     | .. | .. | .. | Four |
| 3. Laboratory Attendants      | .. | .. | .. | Four |
| 4. Inferior staff             | .. | .. | .. | Two  |

VI. Staffing pattern of a Family Planning Centre:—Urban Centres 10  
Rural Centres 30

1. Urban Family Planning Centres:—  
Social Workers—part time Male and Female Doctors      Two
2. Rural Family Planning Centres:—  
Social Worker      ..      One

VII. Staffing pattern of Maternity and Child Health Centres:—

(a) Bombay—8 Centres.

(b) Madras Area—18 Centres.

- |                                |    |    |     |
|--------------------------------|----|----|-----|
| (a) 1. Auxiliary Nurse Midwife | .. | .. | One |
| 2. Midwife                     | .. | .. | One |
| (b) 1. Maternity Assistant     | .. | .. | One |

VIII. Staffing pattern of a Hook worm Unit (1 Unit):—

- |                                                  |    |    |       |
|--------------------------------------------------|----|----|-------|
| 1. Medical Officer (Gazetted)                    | .. | .. | One   |
| 2. Senior Technicians (Sr. Health Inspectors)    | .. | .. | Three |
| 3. Junior Technicians (Junior Health Inspectors) | .. | .. | Three |
| 4. Clerk                                         | .. | .. | One   |
| 5. Inferior staff                                | .. | .. | Two   |

IX *Staffing pattern of a Guinea worm Unit (2 units):—*

|                            |    |    |     |
|----------------------------|----|----|-----|
| 1. Senior Health Inspector | .. | .. | One |
| 2. Peons                   | .. | .. | Two |

X. *Staffing pattern of a Mobile Unit (1 Unit):—*

|                                                                               |    |    |     |
|-------------------------------------------------------------------------------|----|----|-----|
| 1. Driver                                                                     | .. | .. | One |
| 2. Cleaner : In addition to the staff of a Primary Health Unit or Dispensary. |    |    | One |

XI. *Staffing pattern of National Malaria Eradication Programme Units*

(19.1 Units)

|                                         |    |    |       |
|-----------------------------------------|----|----|-------|
| 1. Medical Officer of Health (Gazetted) | .. | .. | One   |
| 2. Health Clerk                         | .. | .. | One   |
| 3. I Division Clerk                     | .. | .. | One   |
| 4. Typist                               | .. | .. | One   |
| 5. Senior Medical Inspectors            | .. | .. | Five  |
| 6. Junior Medical Inspectors            | .. | .. | Four  |
| 7. Mechanic                             | .. | .. | One   |
| 8. Drivers                              | .. | .. | Five  |
| 9. Cleaners                             | .. | .. | Five  |
| 10. Superior Field Workers              | .. | .. | Three |
| 11. Fieldmen                            | .. | .. | Ten   |
| 12. Inferior staff                      | .. | .. | Six   |

XII. *Staffing pattern of 2/5 National Filaria Control Unit:—*

|                               |    |    |       |
|-------------------------------|----|----|-------|
| 1. Filaria Officer (Gazetted) | .. | .. | One   |
| 2. Senior Entomologist        | .. | .. | One   |
| 3. I Division Clerk           | .. | .. | One   |
| 4. Typist                     | .. | .. | One   |
| 5. Senior Health Inspector    | .. | .. | One   |
| 6. Laboratory Assistants      | .. | .. | Two   |
| 7. Driver                     | .. | .. | One   |
| 8. Peons                      | .. | .. | Three |

XIII. *Staffing pattern of School Health Survey Teams (4 Unit teams)*

|                                                     |    |    |     |
|-----------------------------------------------------|----|----|-----|
| 1. Assistant Medical Officer of Health (Licentiate) | .. | .. | One |
| 2. II Division Clerk                                | .. | .. | One |
| 3. Peon                                             | .. | .. | One |

XIV. *Staffing pattern of a Propaganda Unit (1 Unit):—*

|                 |    |    |     |
|-----------------|----|----|-----|
| 1. Propagandist | .. | .. | One |
| 2. Mechanic     | .. | .. | One |
| 3. Driver       | .. | .. | One |
| 4. Peons        | .. | .. | Two |

### RECOMMENDATIONS.

1. As is well known, with the integration of States from Bombay Karnatak, Hyderabad Karnatak, Madras and Coorg, Mysore State is double the size as compared with what it was before re-organisation. In regard to population also it is doubled. Thus the number of medical institutions as well as Public Health Institutions in charge of the two Directors has increased considerably.

2. There are two administrative Medical Heads under the Ministry of Health, namely the Director of Medical Services and the Director of Public Health. The Health Survey and Development Committee as well as the Central Health Council have recommended the need for a single administrative Officer for the curative and preventive departments of health. I also support their view, and recommend that for the smooth functioning of the health programme under medical and public health in a co-ordinated manner, a single officer should be at the head of medical and public health administration. He should be designated as the Director of Health Services, as is the case in a number of States in India *e.g.*, West Bengal, Uttar Pradesh, Madhya Pradesh, Rajasthan, Punjab, Kerala and others. Such an officer should be assisted by suitable personnel *viz.*, Deputy and Assistant Directors of Health Services each in charge of a particular function or speciality. Such an arrangement will be conducive to considerable economy and effective health services. Until such time that the integration of curative and preventive health services takes place, it is suggested, that there should be a co-ordinated council at State level to bring about closer collaboration in the working of the two departments.

3. It is recommended, that in the meantime, the staff of the Medical and Public Health Directorates may be augmented by the appointment of following Deputy and Assistant Directors.—

#### *A. Medical Department.*

Deputy Director of Medical Services.      ..      one

(i) Assistant Director of Medical Services (Administration).

(ii) Assistant Director of Medical Services (Medical Education, Dental Education, training of Nurses, Midwives, Radiographers, Laboratory Technicians etc).

(iii) Assistant Director of Medical Services (Tuberculosis).

(iv) Assistant Director of Medical Services (Nursing).

(v) Assistant Director of Medical Services (Employee's State Insurance Scheme).

(vi) Assistant Director of Medical Services (Drug Control and Medical Stores).

#### *B. Public Health Department—*

The following staff is considered necessary :—

Deputy Director of Public Health .. one

(i) Assistant Director, Public Health (Administration)  
He will be in-charge of Primary Health Centres.

(ii) Assistant Director of Public Health (Epidemiology and Environmental Hygiene) including Leprosy.

(iii) Assistant Director, Public Health, Malaria and Insect Borne Diseases.

(iv) Assistant Director of Public Health (B. C. G. and Health Education. Education of Health Personnel).

(v) Assistant Director of Public Health (Maternity and Child Health and Family Planning. This should be a suitably qualified Lady Medical Officer.

(vi) Assistant Director of Public Health (Nutrition and Food Adulteration).

4. As it is difficult to draw a line of demarcation between preventive and curative fields in medicine, it is suggested, that steps be taken to bring about close collaboration between them at the peripheral level.

At present from the Taluk level downwards all the dispensaries and health centres are under the Public Health Department. It is suggested, that there should be close collaboration between the two departments at the District level also.

5. It is observed, that in certain States, officers have been appointed at the Regional level to provide technical guidance,



and to decentralise administrative control. In this connection, it is observed, that Government of Mysore have also sanctioned three divisions of the Public Health Department, each in charge of a Deputy Director of Health Services at Belgaum, Mysore and Bangalore. It is recommended, that these Divisional Public Health Organisations be developed into Regional Medical and Health Centres. The officer-in-charge of each region may be designated as Deputy Director of Health Services (Regional) and he should be in-charge of both Medical and Public Health work.

He should be assisted by—

(a) A Lady Medical Officer, who will assist in Maternity and Child Welfare work as well as in the women's section of the hospitals in the area.

(b) Public Health Nurse—One.

#### 6. *Special Public Health Services.*—

(i) So far as public health services are concerned, special attention should be paid to the rural areas, since a large proportion of India's population lives in the villages. The most pressing public health problems are :—

(a) provision of suitable water supply.

(b) environmental hygiene and sanitation, including conservancy and drainage.

Attention should be focussed on these problems fully, and urgent steps should be taken to solve them effectively.

(ii) The control of communicable diseases and their eradication needs urgent attention.

In this group I would include specially Typhoid Fever, Small Pox, Leprosy and Filariasis.

(iii) Special attention should be paid to the subject of Nutrition. It is well-known, that under nutrition and mal-nutrition are two very common ailments in our country. In dealing with them, apart from any technical measures, that may be adopted, it is important that the knowledge of suitable and well-balanced diet should be imparted to the people as part of our programme of Health Education. This is needed more in the rural than in the urban areas and the best medium of imparting this education is through our Schools and Colleges.

(7) *Recommendation as regards Special Qualifications for posts in the Public Health Department.*

In reference to Government Order No. LLH 486 PHP 58 dated 6th March 1959, I recommend the following qualifications for posts in the Public Health Department :—

| <i>Name of the post.</i>                                                                                                 | <i>Qualifications required.</i>                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Superintendent, Bureau of Malariology (now Deputy Director of Public Health, National Malaria Eradication Programme). | (a) M.B.B.S., D.P.H.<br>(b) Post-graduate studies in Malariology.<br>(c) Experience in the field of Malariology.<br>(d) Seniority in the Department.                                     |
| 2. Superintendent, Bureau of Epidemiology.                                                                               | (a) M.B.B.S., D.P.H.<br>(b) Experience as District Health Officer for a number of years.<br>(c) Seniority in the Department.                                                             |
| 3. Superintendent, Bureau of Health Education.                                                                           | (a) M.B.B.S., D.P.H.<br>(b) Experience as District Health Officer for a number of years.<br>(c) Seniority in the Department.                                                             |
| 4. Assistant Director of Public Health Vaccine Institute, Belgaum.                                                       | (a) M.B.B.S., D.P.H. <i>OR</i><br>Post-graduate, Medical qualification and Special training in Virus work.<br>(b) Experience in Vaccine manufacture.<br>(c) Seniority in the Department. |
| 5. Superintendent, Bureau of Maternity and Child Health.                                                                 | (a) M.B.B.S.<br>(b) D.M.C.W. or D.P.H.,<br>(c) Experience in Maternity and Child Health.<br>(d) Seniority in the Department.                                                             |

*General Recommendations*

1. A Central Bureau should be established in the Victoria Hospital, Bangalore, which should deal with the admission of emergent cases in the City Hospitals, where accommodation is available.

This Bureau should receive every morning a list of vacant beds of all categories in all the City Hospitals. This information would be helpful in the admission of cases.

A similar Bureau should be established at the K. R. Hospital, for the City Hospitals in Mysore City.

2. It is recommended that a common Pharmacopæa should be prepared which would be used in all Government Hospitals in Mysore State. It would be advisable to appoint a small Committee for this purpose.

3. It is very necessary to compile a Civil Medical Code for Mysore State like the Civil Medical Code, Madras and the Bombay Civil Medical Code. This publication will greatly assist Medical Administration.

4. The Vani Vilas Hospital in Bangalore, the Cheluvamba Hospital in Mysore and the Women's Section of the District Hospitals should be staffed as far as possible by suitably qualified women doctors.

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## CHAPTER V.

### MATERNITY AND CHILD HEALTH SERVICES IN MYSORE STATE.

#### (a) DEVELOPMENT OF MATERNITY AND CHILD HEALTH SERVICES.

(1) A bureau of Maternity and Child Health under the Directorate of Public Health came into existence for the first time in the year 1934 with the appointment of an organiser and several M.C.H. Centres in the State. This continued only for two years. In 1936 the Bureau was transferred to the Medical Department but in 1950 it was brought back again to the Public Health Department. Since then M.C.H. Services in the State have been entrusted to the District Health Administration and it has been associated with the Health Units and dispensaries.

(2) As per G.O. No. 13042—PH-56-2, dated 19th December 1956, Government of Mysore have accorded sanction to the combined Maternal and Child Health Education Project with the collaboration of the W.H.O. and U.N.I.C.E.F. with the object of strengthening and developing Maternal and Child Health Services in the State.

(3) According to the plan of Operation No. 7/MCH Nursing Education, WHO/761 and UNICEF No. FHP 547/ICEF/L. 667, the two Experts—WHO Team members, arrived in Bangalore City early in November 1956 and functioned with the national counterparts.

The two experts left the State after two years of the project period. The MCH Project continued under the National Counterpart, who was designated as Superintendent, for purposes of administrative convenience.

(4) The Government in their Order No. LLH 162 PHP 58, dated 9th December 1958 sanctioned the establishment of a Bureau of Maternity and Child Welfare Centres. The work of the Bureau is as follows :—

- (i) Technical supervision of MCH Services,
- (ii) Technical advice on the establishment and organisation of MCH Services including School Health Services.

(iii) Training of Auxiliary Nurse Midwives, Health Visitors, Midwives, Nurses (all categories of MCH Personnel).

(iv) Organisation of programme relating to UNICEF.

(v) To assist the Director of Public Health in all Technical matters pertaining to MCH Services in the State.

(b) ENQUIRY INTO MATERNITY AND CHILD WELFARE SERVICES  
BY DR. MISS M. C. ALBUQUERQUE.

I would like to record here, that the late Dr. Miss M. C. Albuquerque, Chief Medical Officer, Women's Hospitals in Mysore, Bangalore, was appointed in 1941 to hold an enquiry into the working and administration of Maternity Homes and Child Welfare Centres in the State, with a view to the collection of reliable data and the formulation of a policy calculated to secure the maximum benefit of the scheme. The scope of the enquiry was indicated in the Annexure to the Government Order in conformity with the resolution dated 22nd August 1941 of the Maternity and Child Welfare Committee of the Indian Red Cross Society. Dr. Albuquerque submitted the report in 1942, and the relevant Government Orders which are contained in G.O. No. M. 9251-9-Med-151-41-11, dated 8th May 1944 are as follows:—

1. The present system of domiciliary treatment has to continue in the majority of maternity cases till such time as funds can be provided for the expansion of institutional accommodation. Meanwhile, steps should be taken to improve the methods of domiciliary treatment.

2. The maternity homes in the cities of Bangalore and Mysore will, for the present, continue to be under the control of the respective Municipal Councils, the Chief Medical Officer having powers of inspection and advice, as provided in Government Order No. G. 5413-17-Med. 36-41-18, dated the 28th October 1942.

3. Maternity homes in the rural parts shall ordinarily deal with normal cases. Such of Maternity Homes as are attached to dispensaries under competent Sub-Assistant Surgeons may entertain any case, unless it is anticipated that it is likely to be a case requiring a major operation and there

is time to send the patient to the District Hospital. If this arrangement is to work satisfactorily, it is necessary that Sub-Assistant Surgeons undergo at least a month's training in a Maternity Hospital before appointment. The Senior Surgeon and the Chief Medical Officer will be requested to take steps in the matter.

4. Special refresher courses for midwives working in the districts should be arranged at Bangalore, which should be a two months' course to be given once in every three years.

5. It is not desirable that child welfare centres, whose functions are mainly of an educative nature, should take upon themselves anything except the treatment of simple cases of cold and minor dietetic disorders. The practice of allowing milk to be taken home either for nursing mother or children should be discontinued. Definite proposals will be called for in respect of the distribution of free milk, so that the charges under this head may bear a reasonable proportion to the funds at the credit of these centres.

6. It is desirable, that all large factors employing women should establish and maintain suitable creches in their premises. The Director of Industries and Commerce will take necessary action in regard to this matter.

7. Government accept the principle, that funds received from the Village Panchayats should be fully utilised for their benefit.

8. Specific proposals on the other recommendations regarding the placing of all midwives in the rural areas on a uniform scale of pay, instructions to be imparted to dais by nurses and midwives and the need for providing diet in all maternity homes will be called for.

9. Government desire to place on record their appreciation of the valuable report submitted by Dr. Albuquerque and to convey their thanks to her for the useful and practical recommendations made by her for the improvement of the working of the maternity homes and child welfare centres in the State.

#### (c) THE PRESENT POSITION.

1. The State has a number of hospitals and other medical institutions for women and children. Out of a total of 178 hospitals, 51 hospitals are for women. In urban areas about

a third of the hospitals or 29 out of 84 are for women only. Besides, there are 62 dispensaries for women and certain institutions maintained by the Red Cross Society. Majority of the institutions are either Government or Government-aided and the staff of these hospitals requires continuous supervision and technical guidance. The number of beds maintained for women at these hospitals is 6,752, while the number of beds for men is 12,124 in the State as a whole. Approximately 25 per cent of the total births in the State take place in institutions. The pædiatric services are inadequate and have not received the attention they deserve.

2. Besides the medical institutions for women maintained by the Medical Department, there are maternity and child welfare centres and family planning clinics under the Public Health Department. Maternity and child welfare services also form an important and an integral part of the services of all primary and secondary health centres in the State. The Public Health Department has a number of midwives employed under its control to offer domiciliary midwifery services from the maternity and child welfare centres of primary health centres. There are 187 primary health centres of Mysore pattern, and 112 of Government of India pattern, where maternity and child welfare work forms an important and integral part of their activity. Even under the Public Health Department the provision of health services for children is inadequate. The Bureau of Maternity and Child Welfare provides technical guidance to the district staff and the staff of primary health centres in the establishment and maintenance of maternity and child welfare services. The officer is designated as Superintendent, Maternity and Child Welfare, and is now on study leave. The Department of Public Health also has public health nurses to act as regional supervisors for the midwifery centres.

3. UNICEF milk is distributed to all the MCH centres now numbering 210 in the State, in addition to voluntary and Social Welfare and Educational institutions through separate co-ordination committees under the Deputy Commissioners and District Officers.

UNICEF Nutrients and drugs are provided to all the MCH centres for distribution to children with vitamin deficiencies.



4. In the Corporation of Bangalore, there are 11 Maternity Homes and 8 Maternity Centres with attached creches. In Mysore City, there are 9 maternity Homes and Child Welfare Centres under Gunamba Trust, which is a private body receiving assistance from the Government of Mysore and Mysore City Municipality. In the integrated areas of Bombay, Madras, Karnatak Region, MCH Centres are being run by voluntary associations, which are receiving grant from Government .

5. Some time back the Medical Department had a post of Chief Medical Officer, Women's Hospitals in Mysore State. The same has however been discontinued and the administration of the hospitals for women and the women's cadre of the medical services are now directly under the Director of Medical Services.

In view of the extensive services for women and children in the State, both under the Medical and Public Health Departments, it is necessary to have a Senior Women Medical Officer with adequate training and experience for developing these services. It is necessary to have such a post to assist the Director of Medical and Health Services in the planning, organisation and administration of Medical and Health Services for women and children in the State, and to provide technical guidance to the staff of the women's section of the hospitals, the doctor and other staff responsible for providing maternity and child welfare services at primary and secondary health centres and the District Medical Officers. In the State of Uttar Pradesh there is such a post. No other branch of medical and health services requires such close co-ordination as the services for women and children. Their success is dependent on them. Both the institutions and field service should therefore be under one Director and should progress side by side.

6. It is suggested, that there should be adequate provision for administration of services for mothers and children at State, regional and district level. The senior women doctors in charge of the women's section of the district hospitals should be given additional duties to visit the other women's hospitals in the district and to assist the District Medical Officer in their administration. The Officer in such a post will provide technical guidance to the staff of these hospitals. The Women Medical Officer of the district hospital should also arrange



orientation in obstetrics and pædiatrics for the staff of the primary health centres and for the women doctors attached to taluk and other hospitals both under Government and those aided by Government.

7. If the departments of Medical and Public Health in Mysore State are likely to be amalgamated in the near future, it is recommended, that besides the provision at the district headquarters hospitals for supervision and guidance of medical services, provision should also be made for the supervision of maternity and child welfare services in the districts by the appointment of a women medical officer with necessary experience for the purpose. She would work at the district level in close co-operation with the senior women medical officer working in the district headquarters hospital and would tour round and supervise the work of the Primary Health Centres, maternity and child welfare centres, family planning clinics and pædiatric clinics. She would be guided by the Assistant Director of Public Health (Maternity and Child Welfare) at State level.

Such women medical officers may be appointed in 4 districts in the State each year, so as to cover the entire State in the course of 5 years.

8. As already proposed, there should be regional officers for administration and supervision of Medical and Health Services in charge of Assistant Director of Health and Medical Services. In such an office, there should be a woman medical officer and a public health nurse to assist in developing the services for women and children in the regions and to co-ordinate the institutional and field services in the districts.

#### (d) RECOMMENDATIONS.

1. The administration of hospitals for women and children and maternity and child welfare services including school health should be strengthened at State, regional and district levels as suggested above, so as to ensure that these services do not lag behind and that a co-ordinated service is provided.

2. The women's hospitals need to be improved in respect of staff, minimum facilities for out-patients, and for special clinics as well as in respect of equipment and linen.

3. At least half the number of sanctioned beds should be for women and children and one-third of the beds should be for maternity and gynæcology at District Hospitals and one-quarter of the beds at taluk hospitals should be for maternity cases.

4. It is recommended, that immediate steps be taken to create the post of women medical officers for medical and health services for women and children at State level, and to establish regional bureaus for administration of health and medical services. The district health organisations should be gradually improved as indicated above by appointing women medical officers with experience in maternity and child welfare and public health services at 4 districts each year, so as to cover the entire State in a period of five years.

5. The maternity and child welfare services, both institutional and domiciliary, should be a continued programme, and should include care of the mother during pregnancy, through antenatal clinics attached to hospitals, primary health centres and maternity and child welfare centres, maternity services provided by maternity hospitals, maternity homes and domiciliary midwifery staff attached to primary health centres, and maternity and child welfare centres. The postnatal care should also be at these centres.

The services for children should also be a continued programme to cover all ages of the child, namely care of the infant and the child through pædiatric institutions, maternity and child welfare centres, special pædiatric centres and through school health programme. In order to provide a comprehensive service, it is best to have it under the directorship of one person. Adequately trained staff is also essential.

6. Clinics specially for the treatment and rehabilitation of the handicapped child, require serious consideration and there should be at least one such centre in the State. The other special clinics, which require to be established as a part of the maternity and child welfare services, are the dental, E.N.T. and the child guidance clinics, which should be attached to teaching hospitals and later to the District Hospitals.

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## CHAPTER VI.

### SCHOOL HEALTH SERVICES.

The Medical Inspection of boys and girls in the old Mysore State was organised and conducted by the Department of Public Instruction. A separate staff has been sanctioned for this purpose. The question of transferring the school health services to the Public Health Department has been engaging the attention of Government since 1950.

Proposals have been submitted to Government by the Public Health Department, in connection with the annual programme for 1959-60 of the Development Schemes of that Department, mentioning among other things, that four teams may be appointed during 1959-60 to undertake school health survey, at a cost of Rs. 22,480 per annum. The scheme has been sanctioned by Government. It is proposed to survey the diet of children from 5 to 17 years age, and also defects among school going children, so that the Department may be in a position to advise the Education Department as to the type of supplementary food material to be given in the schools.

The districts chosen for survey work are : Dharwar, Gulbarga, Mangalore and Mysore. It is proposed to Government to extend the period for two years, so that survey and service may both be combined without extra cost to Government. The work of survey has already been started at Mysore and three more teams are to be posted shortly in the respective districts.

### RECOMMENDATIONS.

1. It is recommended, that the administrative control of School Health Services may be transferred from the Education Department to the Public Health Department, and that the existing Chief Medical Inspector of Schools and his establishment may be merged in an organisation known as Bureau of School Health Services, which is envisaged in the Five-Year Plan. The Government may be pleased to sanction the establishment of this Bureau at an early date.

2. It is recommended, that in this scheme, provision should be made for the inclusion of mid-day lunch in the school for very poor and ill-nourished children, and necessary funds may be provided for the purpose.

3. It is proposed by the Director of Public Health, that the entire State may be covered by the School Health Services in the course of 5 years. I agree with this, and I recommend that during the first year nine district head-quarter cities may be taken up, *viz.*, the urban cities of Bangalore and Mysore and headquarter towns of 7 other districts. According to this, about 20 per cent of the total school population of the State will be covered in the first year; and in every succeeding year 20 per cent more will be added on to it, so that at the end of 5 years, the entire State will be covered by this Scheme. I understand, that the expenditure on the scheme during the first year will be Rs. 2,15,750, which gives a ratio of about Rs. 1.31 nP. per pupil. A fee of Re. 1 per pupil may be levied in the Primary, Middle and High Schools and the excess expenditure may be met by the Government and aided private institutions in the proportion of 80 per cent : 20 per cent respectively.

4. The School Health Survey is very essential as requested by the Director's of Public Health in his letter No. D. 2-FYP-1038—58-59, dated 21st November 1958 addressed to Government. I recommended, that four teams may be appointed during 1959-60 to undertake this work for School Health Survey and necessary funds may be provided for the purpose.

5. The Scheme for School Health Services should be implemented at an early date.

6. As far as possible the scheme should cover all children, both girls and boys, in the areas covered by the service, and should include children of primary and high schools, and that the children of primary schools should be given priority.

7. The Services for the School Children should be in continuation of the Services for children under school age. Part-time Medical Officers, both men and women, may be appointed for School health work. They should be orientated to this special type of work.

8. In order to carry-out effective follow-up services, it is necessary to have School health Nurses or additional staff

at the Maternity and Child Welfare Centres for follow-up of School Children.

9. Each school should have a small room and a cup-board containing necessary requirements for first-aid and for treatment of minor conditions, as well as equipment for Medical Examination of School Children.

10. Arrangements should be made with the Director of Public Instruction to improve sanitary facilities in the Schools, and for drinking water. Wherever possible, schools should have vegetable and flower gardens.

11. Arrangements should be made for investigation and treatment of children with defects at the existing hospitals and Clinics.

12. Health Education forms an important and an integral part of the health services and helps to make children health conscious and enables them to participate in the promotion of their own health as well as the health of the community. It is, therefore, recommended that health education should be included in the School Health Services.

13. The teachers play an important roll in the School Health services and they could be trained to assist in the programme ; It is recommended, that instruction be provided in the Teachers training course on School Health, and that orientation courses be established for the existing teachers.

14. The School Dental Clinics should be incorporated in the School Health Services.

While on the subject of the School Hygiene and Sanitation, I feel I must emphasize the pressing and urgent necessity of inculcating in the child in the most impressionable age, viz., between 5 and 15 years, all that is best in life, and, to that extent schools must be made temples of learning, where Sanitary type of latrines, urinals and wash basins are provided, separately for boys and girls. They should be taught the principles of nutrition and dietetics. What a child learns between the ages of 5 and 15, he will practice throughout his life.

What an eternal truth "THE CHILD IS THE FATHER OF MAN"!

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## CHAPTER VII.

### ORGANISATION OF PREVENTIVE AND CURATIVE SERVICES FOR TUBERCULOSIS

#### (a) MYSORE STATE TUBERCULOSIS ASSOCIATION.

The Mysore State Tuberculosis Association was started in June, 1939, as per Government Order No. G. 12735-9—Med. 296-38--8, dated 20th June 1939. This Association is affiliated to the Tuberculosis Association of India. The Minister for Health is the President of the Association.

The nucleus fund for the Mysore State Tuberculosis Association was Rs. 1,47,570 (Rupees one lakh, forty-seven thousand and five hundred and seventy) received from the King Emperor's Anti-Tuberculosis Fund, being the share of the Mysore State Tuberculosis Association, out of which the following expenditure was incurred :—

1. Rs. 12,300 towards equipment of the Lady Willingdon T.B. Clinic and Dispensary, Bangalore ;
2. Rs. 20,000 allotted to Kolar Gold Field for the establishment of a T.B. Clinic ;
3. Rupees one thousand each towards starting of Solaria attached to the District Hospitals at Tumkur, Chitradurga and Hassan ;
4. Capital grant of Rs. two thousand to the St. Theresa's T.B. Sanatorium at Yeshavanthapur ;

An anticipated annual income of Rs. 4,300 was earmarked for the following expenditure :—

1. Rs. 1,700 annually for the maintenance of the Solaria at Mysore ;
2. Rs. 750 for the Bangalore Clinic and Rs. 750 for the Kolar Gold Field Clinic ;
3. Rs. 200 each to the minor institutions at Tumkur, Chitradurga, Hassan, Chikkaballapura and Davanagere and Rs. 120 annually to the St. Theresa Sanatorium, Yeshavanthapur.

The Tuberculosis Seals Sale Campaign inaugurated in India by Rajkumari Amrut Kaur, the then Health Minister of the Government of India in 1950, was conducted every year and fairly good amounts were collected during each campaign.

Two Solaria at Mysore are being run by the State Association.

At present milk is being distributed to the contacts, mostly children of poor T.B. patients.

Payment of grants to Anti-Tuberculosis work of the Tuberculosis clinic Bangalore, at K. G. F. and some district T.B. Clinics was made.

Reference books to the value of Rs. 1,000 have been purchased. These books will be for use as Lending Library.

A start will be made immediately in the proper utilisation of the T.B. Seals proceeds by purchasing drugs worth Rs. 10,000 and distributing them to various T.B. Clinics in the State, so that the public may feel, that the "Small-Grant Contributions", which they make by way of purchasing T.B. Seals are being immediately utilised in their own area for the benefit of Tuberculosis patients.

(b) The existing facilities for treatment of T.B. Patients in Mysore State are detailed in the following statement :

#### TUBERCULOSIS INSTITUTIONS IN MYSORE STATE.

(As on 1st August 1959).

| <i>Sl. No.</i> | <i>Name and place of Clinic/Hospital/Wards.</i> | <i>Number of beds.</i> |
|----------------|-------------------------------------------------|------------------------|
|----------------|-------------------------------------------------|------------------------|

#### GOVERNMENT INSTITUTIONS.

##### I. Sanatoria :—

|    |                                                         |     |
|----|---------------------------------------------------------|-----|
| 1. | P. K. Sanatorium, Mysore ..                             | 354 |
| 2. | S.D.S. Sanatorium, Bangalore ..                         | 282 |
| 3. | Government T.B. Sanatorium, Old Madras Road, Bangalore. | 106 |
| 4. | Government Wellesley T.B. Sanatorium, Bellary.          | 236 |
| 5. | Government T.B. Sanatorium, Mudushedde, S.K.            | 50  |
| 6. | Kamala Nehru T.B. Sanatorium, Kolar.                    | 160 |



| <i>Sl. No.</i> | <i>Name and place of Clinic/Hospital/Wards.</i> | <i>Number of beds.</i> |
|----------------|-------------------------------------------------|------------------------|
|----------------|-------------------------------------------------|------------------------|

II. *Hospital* :—

|                           |       |    |
|---------------------------|-------|----|
| T.B. Hospital, Davanagere | .. .. | 32 |
|---------------------------|-------|----|

III. *Clinics* :—

|                                                    |       |                    |
|----------------------------------------------------|-------|--------------------|
| 1. Lady Willingdon T.B. Clinic, Bangalore.         |       | 7                  |
| 2. P.C.T. Dispensary, Mysore                       | .. .. | Only out-patients. |
| 3. T.B. Clinic, Raichur                            | .. .. | Do                 |
| 4. T.B. Clinic, Bidar                              | .. .. | Do                 |
| 5. T.B. Clinic, Gulberga                           | .. .. | Do                 |
| 6. T.B. Clinic, Chitradurga                        | .. .. | 10                 |
| 7. Municipal T.B. Dispensary, Broadway, Bangalore. |       | Only out-patients. |
| 8. T.B. Clinic, Bangalore                          | .. .. | Do                 |
| 9. T.B. Clinic, Mercara                            | .. .. | Do                 |

IV. *Wards (in District Hospitals)* :—

|                       |       |    |
|-----------------------|-------|----|
| 1. Kolar              | .. .. | 8  |
| 2. Hassan             | .. .. | 16 |
| 3. Tumkur             | .. .. | 16 |
| 4. Shimoga            | .. .. | 50 |
| 5. Karwar             | .. .. | 6  |
| 6. Dharwar            | .. .. | 8  |
| 7. Bjiapur            | .. .. | 8  |
| 8. Belgaum            | .. .. | 8  |
| 9. Mercara            | .. .. | 37 |
| 10. Somwarpet (Coorg) | .. .. | 10 |
| 11. Virajpet (Coorg)  | .. .. | 35 |

## PRIVATE INSTITUTIONS.

V. *Sanatoria* :—

|                                                                   |       |    |
|-------------------------------------------------------------------|-------|----|
| 1. St. Therasa's Sanatorium, Malleswaram Bangalore.               |       | 60 |
| 2. Goodwil Mission T.B., Sanatorium, Bellary.                     |       | 40 |
| 3. Karnataka Institute of Health, Ghataprabha.                    |       | 80 |
| 4. T.B. Sanatorium, Mudabidre                                     | .. .. | 60 |
| 5. Father Muller's Charitable Institutions, Kankanady, Mangalore. |       | 50 |
| 6. T.B. Sanatorium, Gadag                                         | .. .. | 20 |

|       |    |       |
|-------|----|-------|
| Total | .. | 1,749 |
|-------|----|-------|



## (c) NATIONAL TUBERCULOSIS INSTITUTE, BANGALORE.

It is gratifying to see, that steps are being taken to deal effectively with the problem of elimination of Tuberculosis in Mysore State. This State is a special beneficiary in the National Tuberculosis control programme as worked out by the Central Government. In this connection, I may invite attention, to the proposal for establishing National Tuberculosis Institute in Bangalore, which has recently come into existence. A document entitled a "National Tuberculosis Institute : Outline of Activities" which has been prepared by Dr. H. Mahler, M.D., W.H.O. Senior Medical Officer, gives a very good idea as to the plan of operations agreed on between Government of India, UNICEF and the W.H.O. and presents a picture of all the activities to be performed in the Institute and places the Tuberculosis Programme in Bangalore in its proper context. The circumstances under which this institute has come into existence are described by Dr. Mahler as follows :—

"The National Tuberculosis Survey (1955-56) has indicated that pulmonary tuberculosis is widely prevalent in India, and apparently equally prevalent in accessible rural areas as in towns and cities. The Government of India has, therefore, drawn up and accorded high priority to a programme of national tuberculosis control under the Second Five-Year Plan.

The long term plan is to establish a tuberculosis centre in each of the country's 380 districts, each covering a population of approximately 1 million people, to serve as the base for all tuberculosis control activities in the district. However, if these centres are to have substantial epidemiological data situation can be progressively improved. This requires a considerable effort in two spheres :—

(1) a programme of research in the epidemiological dynamics of tuberculosis in India and the long-term impact on these both of non-specific factors, such as nutrition and social stress, and of specific control approaches applicable on a mass scale ;

(2) *a programme of training in all aspects of national tuberculosis control of India.*

For this dual purpose, Government of India has decided to establish, with the assistance of the World Health Organisation and the United Nations Children's Fund, a National Tuberculosis Institute. The Institute is not planned as a traditional

academic institute, but as a co-ordinated programme of field researches projects with a centre for planning, directing and evaluating the programme and a number of field arms for its execution. The training will be directly integrated in the research programme, in that the students actively participate in the work in the central and the field arm functions, and at all levels from the preparation of protocols to the handing out of tables in the home. This does not mean, that the students will be trained to become research workers ; but it means, that they will work at a very high level of quality and at the same time be trained in the epidemiological approach to tuberculosis control.

The co-ordinating unit of the National Tuberculosis Institute will be located in Bangalore, and field arms and associated institutions of the Institute will be developed in the State of Mysore, Madras and Andhra ”.

Dr. N. L. Bordia has been appointed as Director of the National Tuberculosis Institute in Bangalore.

**(b) ESTABLISHMENT OF A TUBERCULOSIS DEMONSTRATION AND TRAINING CENTRE AT LADY WILLINGDON T. B. CLINIC, BANGALORE.**

The Government, according to Order No. LLH 259 MDH 57, dated 23rd September 1959, have sanctioned the establishment of the above centre. It is meant for the training of T. B. Workers of all categories and for demonstrating the latest techniques in diagnosis and prevention of the disease. This is considered necessary, especially in view of the shortage of trained personnel for T. B. Services. Government of India have established three such centres namely at New Delhi, Trivandrum and Patna in the First Five-Year Plan period and they are functioning satisfactorily. Government of India have suggested that one such centre should be established in Mysore State.

Each Centre will consist of the following four main sections:—

1. Epidemiological section for Mass X-Ray and B.C.G. Vaccination ;
2. Clinical Section for diagnosis and treatment ;
3. Bacteriological Section ; and

#### 4. Domiciliary Service Section under the direction of a Public Health Nurse.

The State Government will provide necessary buildings, staff and recurring expenses of the Centre. The Centre will give a subsidy in the form of X-Ray and Laboratory equipment at a cost not exceeding 2.5 lakhs out of the assistance, that the Centre receives from W.H.O. UNICEF :

This Centre will work in association with the National Tuberculosis Institute established at Bangalore by the Government of India. Government of India expect, that necessary equipment for this Centre will be supplied by the UNICEF by December 1959.

#### (e) THE FOLLOWING T. B. SCHEMES HAVE BEEN TAKEN UP UNDER THE SECOND FIVE-YEAR PLAN BY THE STATE GOVERNMENT.

The bed strength of the S. D. S. Sanatorium, Bangalore, has been increased by 100 beds, viz., from 182 to 282, (in the year 1958-59 at a recurring cost of Rs. 1.00 lakh per annum). A Mass Miniature Radiography Unit has been purchased for this Institution during 1957-58 at a cost of Rs. 0.40 lakh.

Two new T. B. Clinics (one at Mangalore and another at Chitradurga) have started functioning from October 1958. Schemes to open new T. B. Clinics at Mandya, Hubli and Mercara during this year have been sanctioned by Government. Each Clinic will cost Rs. 0.25 lakh per annum. Pending availability of separate buildings to house the Clinics, arrangements are under way to start them in the existing Hospital buildings. Actually, Mercara has started work.

A new T. B. Sanatorium with 160 beds has been started from 14th May 1959 at Kolar at a recurring expenditure of Rs. 2.08 lakhs per annum.

Two Domiciliary T. B. treatment Centres (one at Lady Willingdon T. B. Clinic, Bangalore and another at P. C. T. Dispensary, Mysore) have been started during 1958-59 at a recurring cost of Rs. 0.28 lakh per annum.

During 1958-59 Lady Willingdon T. B. Clinic, Bangalore, P. C. T. Dispensary, Mysore, T. B. Clinic, Gulbarga, Karnatak

Institute of Health, Ghataprabha have been up-graded with the aid of Government of India by way of X-Ray and Laboratory equipment, worth over Rs. 50,000 for each Centre.

With 50 per cent Central assistance, wards have been constructed for providing 50 Isolation beds for T.B. Cases in Government T. B. Sanatorium, Old Madras Road, Bangalore. The works relating to construction of wards for isolation of T. B. cases, at Gulbarga (10 beds), Somwarpet (20 beds), and Virajpet (20 beds) are in progress.

Additional equipment required for T.B. Wards in District Headquarters' Hospitals at a cost of Rs. 0-10 lakh has been supplied during the Second Plan period.

State Government is actively considering the following Schemes :—

1. Establishment of an After-Care and Rehabilitation Centre in Victory Colony, Bangalore. This has since come into being as from 25th May 1960 ;
2. T. B. Demonstration and Training Centre to be located in Lady Willingdon T. B. Clinic, Bangalore.
3. A statement showing outlay incurred on T. B. Schemes under the Second Five-Year Plan is printed below :—

The following schemes will be considered during 1960-61 under the Second Five-Year Plan :—

1. Establishment of Diagnostic T.B. Clinic at Shimoga and Hassan. Government of India is expected to supply X-Ray and Laboratory equipment for each of the New T. B. Clinics.
2. Increase of 50 beds in Government T. B. Sanatorium, Mudushedde, South Kanara.

**TUBERCULOSIS, SCHEMES OF MYSORE STATE GOVERNMENT UNDER THE SECOND FIVE YEAR PLAN.**

(In lakhs).

| Sl. No. | Schemes                                                  | Total provisions (Plan). | Plan Target                 | Budget allotment |         |                  |         | Exptiture                          |                                    |                   |
|---------|----------------------------------------------------------|--------------------------|-----------------------------|------------------|---------|------------------|---------|------------------------------------|------------------------------------|-------------------|
|         |                                                          |                          |                             | 1956-57          | 1957-58 | 1958-59          | 1959-60 | 1956-57                            | 1957-58                            | 1958-59           |
| 1       | 2                                                        |                          | 4                           | 5                | 6       | 7                | 8       | 9                                  | 10                                 | 11                |
| 1.      | Increase of Bed strength in S.D.S. Sanatorium, Bangalore | 10.00                    | 218 be                      | ..               | ..      | 1.00<br>100 beds | 1.00    | ..                                 | ..                                 | 0.59<br>100 beds  |
| 2.      | Establishment of T.B. Clinic in District Headquarters.   | 6.75                     | 4 Clinics                   | ..               | 1.25    | 2.25             | 1.00    | ..                                 | ..                                 | 0.13<br>2 Clinics |
| 3.      | Equipment for T.B. Wards in District Headquarters.       | 3.00                     | Addt. equipment costs, etc. | 0.60             | 0.60    | 0.47             | ..      | 0.01                               | 0.04                               | 0.02              |
| 4.      | T.B. Sanatorium, Coorg                                   | 3.75                     | 1 Clinic                    | ..               | 2.00    | 0.20             | 0.25    | ..                                 | ..                                 | ..                |
| 5.      | Control of T.B. by mass miniature Radiography.           | 0.54                     | 1 set of M.M.R. Equipment.  | ..               | 0.45    | ..               | ..      | ..                                 | 0.40                               | ..                |
| 6.      | T.B. Isolation Beds ( <i>vide</i> Item 2)                |                          | 100 beds                    | ..               | ..      | 0.62             | 0.12    | ..                                 | ..                                 | 0.67 (100 beds)   |
| 7.      | Kamala Nehru T.B. Sanatorium, Kolar. Scheme.             |                          | 160 beds                    | ..               | 2.00    | 0.75             | 4.11    | ..                                 | ..                                 | 0.90 (160 beds)   |
| 8.      | Aftercare and Rehabilitation Centre.                     | Do                       | 1 Centre                    | ..               | ..      | 3.66             | 2.11    | ..                                 | Under consideration of Government. |                   |
| 9.      | Domiciliary T.B. Treatment Service Units                 | Do                       | 2 Centres                   | ..               | ..      | ..               | 0.28    | ..                                 | Net from savings.                  |                   |
| 10.     | T.B. Demonstration and Training Centre.                  | Do                       | 1 Centre                    | ..               | ..      | ..               | ..      | Under consideration of Government. |                                    |                   |
| Total   |                                                          | .. 24.02                 | ..                          | 0.60             | 6.30    | 8.95             | 8.87    | 0.04                               | 0.44                               | 2.31              |

## (f) B. C. G. VACCINATION SCHEME.

The B.C.G. Vaccination programme in Mysore State was started in collaboration with the international T.B. Campaign amongst special groups in selected areas in Bangalore and Mysore Cities during 1950. Sample population amongst school children and labour population, was taken up for intensive tuberculin testings and B. C. G. Vaccination. This programme was sanctioned in G.O. No. M. 13412-14/Med. 118-49-4, dated 4th February 1950, and later after the preliminary study the scheme was applied on community-wide basis and the work was started in the entire rural and urban areas of the State commencing with Davangere City. The extension of mass campaign was sanctioned in G.O. No. M. 10543-5/Med. 54-32-3, dated 25th August 1952. The B.C.G. programme was at first under the administrative control of the Director of Medical Services and later transferred to the control of the Director of Public Health under G.O. No. M. 194441-3/Med. 54-52-15, dated 22nd December 1952. The Scheme was re-organised, substituting the team Medical Officers with Senior Health Inspectors. After the experimental trial for nearly 2 years, the scheme was reorganised replacing Senior Health Inspectors—the Team Leaders, with Assistant Medical Officers of Health. The scheme was transferred to the administrative control of the Adviser to the Government of Mysore (T. B. Sanatoria) under G.O. No. LLH 81/MDE 57, dated 19/20th February 1957. On the superannuation of the Adviser, the scheme was retransferred to the administrative control of the Director of Public Health under G.O. No. LLH 558/PHP 58, dated 18th December 1958. The B. C. G Vaccination scheme which commenced during the First Five-Year Plan has now been continued up to the end of the Second Five-Year Plan, i.e., 28th February 1961, under G.O. No. LLH 69/PHP 58, dated 12th April 1959.

*Present Organisation.*—The present scheme has the following organisations :—

There is an Assistant Director of Public Health with two Regional Officers, one at Hassan and another at Hubli, consisting of 10 Field Teams for field work. The field work is carried-out by trained Health Inspectors cum Technicians. Each Team consists of a Senior Health Inspector, the Team Leader and seven B. C. G. Technicians, among whom one is a reserve.

*Area Covered up-to-date.*—The work consisting of Tuberculin testings and B.C.G Vaccination has been completed in 15 districts of the present Mysore State. Gulberga district is the only district which has to be covered entirely. A Taluka in each of the districts of Bangalore, Mandya and North Kanara is still to be covered.

*Techniques.*—Preliminary testings with RT 23 PPD Tuberculin is done as a pre-requisite before selecting persons for B.C.G. Vaccination. Tuberculin testing is read after an interval of 72 hours. Persons who do not react as per standards laid down are offered B.C.G. Vaccination.

*Field Work.*—A total of nearly 71,00,000 of Tuberculin Testings have been done among whom nearly 27,00,000 have been given B.C.G. Vaccination up to the end of August, 1959.

*Expenditure.*—The State Government bears the full cost of the Scheme. The Budget provision of Rs. 3,06,000 has been sanctioned for 1959. The Central Government supplies free of cost Tuberculin and B.C.G. Vaccine required for field work. The UNICEF assist with vehicles on a loan basis for purposes of B.C.G. Vaccination programme. Also a certain quota of spare parts for vehicles are supplied by the UNICEF.

*Appraisal.*—Since 1954, the Department has been co-operating with the W.H.O. Tuberculosis Research Office and the Indian Council of Medical Research in the following studies :—

1. Tuberculin antigen study.
2. Assessment of non-specific re-actions.
3. Assessment of pre and post B.C.G. Vaccination allergy.

*Follow-up of B.C.G. Vaccination.*—The B.C.G. Office has been keeping strict follow-up on the sample of vaccinated cases and also investigated such of the reports received either from the Public or from the Medical Institutions.

*Health Education.*—As the preventive immunisation against T.B. requires the whole hearted co-operation both from the population and also from the technical people, earnest attempts have always been made to explain to the people the objects of the Tuberculin testings and B.C.G. Vaccination. In this



process group discussions and conferences, public meetings, film shows and individual appraisals have all been done and are being continued. For this purpose, there are two Publicity Units with audio-visual equipment located in the two regional office. It is hoped, that the first round of Tuberculin testings and B.C.G. Vaccination will be completed in the entire State by the end of Second Five-Year Plan, and I anticipate that the second round would be taken up at the commencement of the third plan period.

#### (g) RECOMMENDATIONS.

In dealing with the problem of Tuberculosis the stress has hitherto been laid mainly on the care of the individual cases of Tuberculosis. It is necessary, however, to concentrate more attention on its prevention. For the control of Tuberculosis our approach should therefore be more from the community aspect than from the individual aspect. It is from this point of view, that the following recommendations are made :—

1. *B.C.G. Vaccination.*—B.C.G. Vaccination on a mass scale has been accepted as a national programme. This should be undertaken under the Public Health Department in the State.

There should be an Assistant Director of Public Health Department, who should organize and supervise this programme as well as other preventive measures for the control of tuberculosis.

It is expected, that by the end of the Second Five-Year Plan, first round of the B.C.G. Vaccination programme would be completed.

2. *Tuberculosis Clinics.*—Tuberculosis Clinics should be established in each district preferably in the District Headquarters Hospital.

(i) These clinics should provide (a) diagnostic and (b) domiciliary service both in the urban and the rural areas.

(ii) the building for the clinic should have adequate accommodation for (a) X-Ray, (b) Laboratory, (c) consultation room for the Medical Officer, (d) waiting room for the patients.

(iii) the staff of the clinic should consist of two Medical Officers, four Health Visitors, one Laboratory Technician and one Radiographer.

(iv) The equipment for the clinic should consist of X-Ray and Laboratory apparatus. X-Ray equipment is of special design as suggested by the W.H.O. It will take miniature X-Ray films 70 mm. using an Odelca Camera. The Laboratory equipment should be adequate for the examination of sputum for T.B. and other routine tests. Each district in Mysore State should have a clinic of this kind by the end of the Third Five-Year Plan.

3. *Supply of Drugs.*—I understand, that there is shortage of anti-tuberculosis drugs at most T.B. Clinics. This is a matter, which should be seen to urgently, and adequate supplies made to meet the needs of the people. Isoniazid should be provided in sufficient quantities in every Primary Health Centre, Dispensary and Hospital, as well as in T.B. Clinics in order to give suitable cover against tuberculosis to the population of about 2.28 crores in the State.

Drugs should be provided either free of cost or on payment to the patients, according to their economic conditions. Facilities should exist for the supplies of these drugs in the peripheral areas.

4. *Tuberculosis Hospitals and Sanatoria.*—It is desirable to have suitable Tuberculosis Hospitals and Sanatoria for the proper treatment of cases of Tuberculosis. With modern treatment with anti-biotics the outlook is very hopeful. This treatment could also be carried out in the houses of the patients.

It is therefore, of great importance to organize a suitable domiciliary service for the treatment of these cases. This should be done under adequate supervision. There should be a properly organised follow-up system of all discharged cases from various institutions. This is necessary in order to detect early signs of recrudescence of the disease, which may take place, as well as for the continuance of the necessary treatment in a proper manner.

Apart from Tuberculosis Hospitals, Isolation Wards may be constructed as part of District Hospitals for the isolation of

advanced cases, especially for those who live in crowded and unhygienic surroundings. In Tumkur and Kolar District Hospitals, there is no accommodation for providing T.B. patients. But they have got separate hospitals in these Districts, viz., in Tumkur there is a T B. Hospital behind the Taluk Office, and in Kolar there is Kamalabai Sanatorium. This is satisfactory. There should be close co-operation between the District Tuberculosis Clinic, which is usually located at the District Headquarters Hospital, and the Primary Health Centres, so that X-Ray and special laboratory examinations of T.B. patients from the Centres could be undertaken at the hospitals, when necessary. After such examination, the patient could be sent back to the peripheral areas.

It is desirable, that all cases of Tuberculosis treated in all Primary Health Centres, T.B. Clinics, Hospitals and Dispensaries should be duly registered, so that one may have a reliable estimate of the prevalence of Tuberculosis in various parts of the State.

*5. Promotion of Licentiates with T.D.D. Qualifications as Assistant Surgeons Grade I.—*

(Reference letter No. LLH HDA 57, dated 25th April 1959 from the Under Secretary to Government of Mysore, L.S.G. and P.H. Department, Bangalore.)

I have carefully considered this matter and have consulted the Director of Medical Services in Mysore, Bangalore also about it. I recommend that the Licentiates (L.M.P's.) with T.D.D. qualification from Madras University or any other recognised body should be promoted, and that the posts of these Assistant Surgeons should be upgraded from the non-gazetted cadre of Assistant Surgeons Grade III to the gazetted posts of Assistant Surgeons Grade I, in the scale of Rs. 250-600. I understand that one Dr. T. M. Nair who is a Medical Graduate (M.B.B.S.) with T.D.D. Qualification and Dr. G.V.J. Bailey, M.B.B.S., D.P.H., T.D.D., are now working as Assistant Tuberculosis Officers in Coorg District and Medical Officer in the B.C.G. Vaccination Scheme respectively and are treated as Assistant Surgeons, Grade III. I recommend that they too should be upgraded as Assistant Surgeons, Grade I, as proposed above.

6. *Voluntary Organisations*.—Voluntary organisations can help a great deal in Tuberculosis in Mysore State. There is already a Mysore State Branch of the Tuberculosis Association, which is affiliated to the Tuberculosis Association of India.

There should be a branch of this Association in every district with the District Medical Officer or the Collector of the District as the Chairman, and the District Tuberculosis Officer as the Secretary. I am sure, by suitable propaganda, the District Branch of the Association will get full co-operation from the people in the District and will be able to do useful work. Its work may cover the following items :—

(a) *Rehabilitation* of cured patients by providing suitable work for them, which should not involve severe physical strain, e.g., tailoring, book binding, typing, etc. They should be paid for the work they do.

Apart from this, stipends should be paid to the ex-patients, and loans may be given to them on easy terms of payment for the purchase of necessary equipment required for the work. Financial assistance may be offered to bed stricken patients, who are wage earners, but on account of illness have lost their jobs. These are the patients, who are under treatment in an Institution or are taking domiciliary treatment under adequate supervision.

(b) *Refresher Courses* for the general medical practitioners. These may be arranged by the District branches of the Association with the help of the All-India Tuberculosis Association and should be held at different places lasting for a couple of weeks at a time. This would give an opportunity to the practitioners to acquaint themselves with the latest development in the treatment and prevention of tuberculosis.

I may say, that all Medical Officers and Private Medical Practitioners should realise, that the treatment of cases of Tuberculosis is not the exclusive domain of the T.B. Specialist only, but that it can be undertaken by all Doctors, having the necessary training, since the results of treatment with the modern anti-biotics and other drugs are so encouraging now-a-days. Thus the usefulness and importance of Refresher courses in the subject are greater than ever.

(c) *T.B. Seal Sales*.—The collection from T.B. Seal Sales should be organised at the time of different Indian festivals such as Dasara, Divali, etc., and not necessarily Christmas time only.

(d) *Health Education*.—The Association should undertake publication of educative material in the form of pamphlets with attractive photographs and pictures. These could be distributed in Tuberculosis Clinics and Hospitals, as well as in the homes of the patients.

Frequent exhibitions should be held in different places, where educative material should be exhibited in show cases in an attractive manner. These exhibitions should not only deal with Tuberculosis, but also with other public health matters, including environmental Hygiene, nutrition, clean habits, avoidance of spitting in public places, etc.

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## CHAPTER VIII.

## EMPLOYEES' STATE INSURANCE SCHEME.

The Employees' State Insurance Scheme has been implemented in this State in greater Bangalore area at the first instance from 27th July 1958. The insured persons are entitled to benefit in cash and kind. The Statutory responsibility of the State Government is to provide the medical benefit to the insured persons, and their families with some restrictions. The expenditure on medical benefit is shared between the Employees' State Insurance Corporation and the State Government in the ratio of 7/8 to 1/8 respectively for the period of the Second Five Year Plan. The Corporation collects the contributions from the employers and employees directly through the Regional Director.

The Special feature of the medical benefit scheme is, that a uniform standard of medical care is provided to insured persons all over the country. A 100 bedded General Hospital exclusively for insured persons is established in Bangalore. The hospital is provided with a 200 MA-X-Ray plant, Operation Theatre and Laboratory. Sixteen beds are reserved for T.B. Cases in S.D.S. Sanatorium, Bangalore. Whenever special investigations or operations are considered necessary, arrangements have been made for the same in other General Hospitals in the City. Two Ambulance Vans are also provided.

At present, there are 22 full time dispensaries, 2 part-time dispensaries and 2 employees' dispensaries.

It is envisaged in the Second Five-Year Plan to extend the scheme to all places with an insurable population of 1500 and over. Under the Third Five-Year Plan it is contemplated to increase the quantum of benefit, especially to families, and to extend the scheme to other places.

Government have since decided to extend the scheme during the current year to Bhadravathi and Hubli.

The present expenditure amounts to Rs. 22.67 lakhs and it is estimated to cost Rs. 56 lakhs per annum at the close of

the Third Five-Year Plan, which will be shared by Employees' State Insurance Corporation and the State Government in the ratio of 49 lakhs and 7 lakhs respectively.

#### RECOMMENDATIONS.

A comprehensive note on the medical facilities under the Employees' State Insurance Scheme supplied by Dr. D. A. Lakshmana Rao, Administrative Medical Officer, E.S.I.S., Bangalore is attached herewith (appendix). It describes the present scope of this scheme in Mysore State, its extension envisaged in the Second Five-Year Plan, and further extension in the Third Five Year Plan.

I recommend that this Employees' State Insurance Scheme should be extended according to programme and suitable arrangements should be made for the extension of 'Medical benefit' which is the main concern of the State Government.

2. I also recommend, that contributory Health Service should be introduced in Bangalore on lines similar to that in New Delhi, and initially it should apply to the officers of the State Government, only, as it does to the officers of the Central Government at New Delhi. Subsequently it may be extended to other personnel in the light of experience gained.

Eventually we should aim at having a National Health Service for the whole of India.



## CHAPTER IX.

## SECOND AND THIRD FIVE YEAR PLANS.

## (a) PROGRESS OF THE SECOND FIVE-YEAR PLAN.

The following figures show the progress made by the Medical Department in respect of implementation of Schemes including in the Second Five-Year Plan :—

| Groups                         | Plan<br>provi-<br>sion<br>1956-61 | Expenditure |         | 1958-59 | Provi-<br>sion<br>1959-60 | Total<br>expendi-<br>ture till<br>29-2-60 |
|--------------------------------|-----------------------------------|-------------|---------|---------|---------------------------|-------------------------------------------|
|                                |                                   | 1956-57     | 1957-58 |         |                           |                                           |
| Medical .. ..                  | ..                                | ..          | 3.95R   | 6.03R   | 18.84R                    | 8.61R                                     |
| Education ..                   | 134.00                            | ..          | 8.77C   | 45.93C  | 41.16C                    | 46.92C                                    |
| Equipments ..                  | 42.70                             | 0.36        | 5.04    | 7.51    | 6.20                      | 0.53                                      |
| Hospitals and<br>Dispensaries. | 109.908                           | 0.32        | 3.07    | 3.23R   | 7.22R                     | 3.94R                                     |
| Training ..                    | 7.16                              | 0.30        | 1.04    | 1.39C   | 7.66C                     | 1.75C                                     |
|                                |                                   |             |         | 0.90    | 1.55R                     | 0.85R                                     |
|                                |                                   |             |         |         | 0.50C                     |                                           |
| Total ..                       | 293.768                           | 0.98        | 21.87   | 64.99   | 79.13                     | 62.60                                     |

New Hospitals and Dispensaries opened so far during the Plan period and other achievements made, are shown below :—

|                                                   |     |    |    |                                                                                  |
|---------------------------------------------------|-----|----|----|----------------------------------------------------------------------------------|
| 1. Dispensaries                                   | ..  | .. | 75 |                                                                                  |
| 2. Cottage Hospitals                              | ..  | .. | 4  |                                                                                  |
| 3. V.D. Clinics                                   | ..  | .. | 4  |                                                                                  |
| 4. Dental Clinics                                 | ..  | .. | 3  |                                                                                  |
| 5. Training of Nurses                             | ..  | .. | 66 |                                                                                  |
| 6. Training of Midwives                           | ..  | .. | 40 |                                                                                  |
| 7. Deputation of Doctors                          | ..  | .. | 36 | (for higher studies ex-<br>cluding those who<br>have gone at their<br>own cost). |
| 8. S.M.P. Centres                                 | ... | .. | 6  |                                                                                  |
| 9. X-Ray Technicians                              | ..  | .. | 13 |                                                                                  |
| 10. Training of Opticians and Refrac-<br>tionist. |     |    | 11 |                                                                                  |

### *Medical Education*

There were no Government Medical Colleges till 31st March 1956. In October 1957, Government took over the Bangalore Medical College from the Mysore Medical Education Society. The Medical College in Mysore, was taken over from the University of Mysore in September 1958. A new Medical College was started in Hubli in September 1957. Now there are three Medical Colleges run by Government under the Second Five-Year Plan Programme and the total number of admissions per year is 280, i.e., 100 each in Bangalore and Mysore and 80 at Karnatak Medical College, Hubli.

A New Dental College was started in 1958 under the Second Five-Year Plan. At present only 10 students are admitted annually.

Short term courses in Ophthalmology, Anæsthesiology, Radiology are being conducted under the Second Five-Year Plan Programme. The total Central assistance in respect of centrally sponsored and centrally aided schemes would come to Rs. 44 lakhs till the end of March 1960.

### *Tuberculosis*

The figures given below show the progress made in the implementation of Tuberculosis Scheme :—

| <i>Plan<br/>provi-<br/>sion</i> | <i>Expenditure</i> |                | <i>1958-59</i> | <i>Provi-<br/>sion<br/>1959-60</i> | <i>Proposed<br/>provision<br/>1960-61</i> | <i>Total anti-<br/>cipated<br/>expenditure</i> |
|---------------------------------|--------------------|----------------|----------------|------------------------------------|-------------------------------------------|------------------------------------------------|
|                                 | <i>1956-57</i>     | <i>1957-58</i> |                |                                    |                                           |                                                |
| 20.48                           | 0.04               | 0.44           | 2.31           | 8.87                               | 9.99                                      | 21.65                                          |

A note on the achievements under different schemes is given below :—

(1) *Increase of bed strength of sanatoria.*—The bed strength of S.D.S. Sanatorium, Bangalore, has been increased by 100 beds, from 182 to 282.

(2) *Establishment of T.B. Clinics.*—Seven T.B. Clinics have been sanctioned, one each at Chitradurga, Mangalore, Hubli, Mandya, Coorg, Shimoga and Hassan.

(3) *Establishment of Sanatorium.*—A Sanatorium with 80 beds to start with and then increased to 100 from December 1959 was opened at Kolar in May 1959.

(4) *Providing Isolation Beds.*—One hundred beds for advanced cases of T. B. have been sanctioned, 20 each at Virajpet and Somwarpet, 10 at Gulbarga and 50 at Government T. B. Sanatorium, Old Madras Road, Bangalore.

(5) Sanction has been accorded to take over the Victory Colony at Bangalore, for establishing an After-care and Rehabilitation Centre. This has since been taken over.

(6) As an experimental measure, two centres have been started for Domiciliary Treatment Services, one at Lady Willingdon T. B. Clinic, Bangalore, and the other at P. C. T. Dispensary, Mysore.

The Lady Willingdon T. B. Clinic has been upgraded for being used as a Demonstration and Training Centre under National Tuberculosis Institute.

*Schemes under the Second Five-Year Plan in regard to Public Health Department implemented so far and remaining to be implemented.*

1. *Establishment of Health Units.*—As per the Second Five-Year Plan Programme, it was originally proposed to start 96 primary health units of Mysore pattern, in addition to the continuance of the 27 primary health units sanctioned during the First Five-Year Plan. However, it was subsequently decided to start primary health units of the Government of India pattern with Central Assistance. So far 100 primary health units of the Government of India pattern have been sanctioned in the Development Blocks. Forty more primary health units are proposed to be started during 1960-61.

2. *Health Units sanctioned outside the Plan.*—As per the policy of Government to include schemes of Developmental nature sanctioned outside the plan provision into the plan, 31 units of Mysore pattern have been brought into the plan during 1959-60.

3. *Combined Rural Health and Nursing Project.*—This project which was sanctioned during 1956 has been converted into Subsidiary Plan of Operations and it is expected to be continued till the end of the Second Plan.

Under the subsidiary Plan of Operations, WHO/UNICEF, Government of India and Mysore Government, have entered into an agreement and have got certain commitments to be fulfilled. The WHO/UNICEF supplies vans and other equipments and lends the services of two Experts.

The State Government have to establish 42 health units in Blocks, upgrade 5 Referral Hospitals, establish two more laboratories, strengthen District Organisation and start combined curative and preventive services in Shimoga District, besides training health personnel.

The State Government have sanctioned all the above schemes and UNICEF assistance is being received.

4. *District Laboratories.*—As per the plan programme, it was proposed to start only 6 laboratories to provide facilities at District level to the medical practitioners, both private and Government. So far 7 District Laboratories have been sanctioned, namely at Mysore, Chickmagalur, Mercara, Raichur, Kolar, Chitaldrug and Belgaum. One more laboratory will be started at Dharwar during 1960-61.

5. *National Malaria Eradication Programme.*—This is a centrally sponsored scheme. There are 19 Units working and the whole State is covered by the programme. The object of the National Malaria Eradication Programme is to root out Malaria by 1963-64.

6. *Research work in the Public Health Department.*—A small provision of Rs. 5,000 is made for research work in the Vaccine Institute and Public Health Institute, Bangalore.

7. *Maternity and Child Welfare Centres.*—The existing M.C.H. Centres in Bombay and Hyderabad areas, which are of developmental nature, have been included in the plan from 1959-60.

8. *School Health Services.*—Four survey teams have been sanctioned as per the programme for 1959-60 in order to assess the various defects among the school-going children from 5 to 17 years of age.

9. *Family Planning Centres.*—Ten Urban and 30 Rural Family Planning Centres have been sanctioned so far, as per the plan target, and they are all working.

10. *Subsidy to Medical Practitioners for Vasectomy.*—A scheme for payment of subsidy to private medical practitioners for conducting vasectomy operations in Bangalore, Mysore, Belgaum, Mangalore and Dharwar has been sanctioned.

11. *Re-organisation of District Health Scheme and Directorate of Public Health.*—The staff sanctioned under the scheme for the office of the Director of Public Health and the Public Health Institute is being continued.

12. *Establishment of Leprosy Control Centres.*—Under the National Leprosy Control Scheme, 7 Leprosy Control Centres have been sanctioned for Gajendragad, Dharwar District, Illkal, Bijapur District, Bidar, South Kanara, Gouribidanur, Kollegal and Gulbarga. One more centre will be started during 1960-61.

13. *Expansion of facilities for Health Education.*—A propaganda unit has been sanctioned for undertaking health propaganda work in the integrated areas of Bombay and Hyderabad Karnataka. The headquarters of the unit is fixed at Gulbarga.

14. *Grant-in-aid to Local Bodies for Public Health purposes.*—The existing practice of giving grants to Local Bodies in Bombay Karnataka area is being continued.

15. *Opening of Mobile Hospitals Units.*—A Mobile Dispensary Unit is sanctioned for serving malnad area and it will be started at Kalghatgi in Dharwar District.

16. *Epidemic preventive measures in Bombay and Hyderabad Karnatak areas.*—This is one of the non-planned schemes brought into the plan. It comprises the existing Mobile Hygiene Units, etc., that are working in the areas.

17. *Environmental Hygiene.*—Under the scheme, the equipments required for Hand-flush latrine materials are prepared and distributed free of cost in South Kanara District. Besides, a Hook Worm Unit and a Guinea Worm Unit have been sanctioned for the benefit of malnad areas. The headquarters of the Guinea Worm Unit are fixed at Dharwar and that of Hook Worm Unit at Shimoga.

18. *National Filaria Control Programme.*—Two-fifth of a National Filaria Control Unit existing in Mangalore is being

continued. A survey unit and three-fifth additional unit have been sanctioned and they will be started after the receipt of approval from the Government of India.

19. *Village medicine boxes*.—This is a scheme pertaining to Hyderabad Karnatak area. The existing village medicine boxes in the area are being refilled out of the provision.

20. *Family Planning Officer*.—With the assistance of the Government of India, the State Family Planning Officer is appointed to intensify and co-ordinate the Family Planning Programme in the State.

21. *Family Planning Centres attached to Teaching Institutions*.—Three Urban Family Planning Centres have been sanctioned with Central Assistance and they are attached to Mysore, Bangalore and Mangalore Medical Colleges.

22. *Training of Auxiliary Nurse Midwives*.—A scheme for training of 30 Auxiliary Nurse Midwives in Bangalore, 20 each at Mysore and Mangalore has been sanctioned with Central Assistance and the training is in progress.

23. *Training of Health Visitors*.—A scheme for admitting 30 candidates for Health Visitors training in Bangalore has been sanctioned and the training for the first batch was started during 1958-59. This is also a Centrally assisted scheme.

24. *Training of Public Health Nurses*.—A scheme for admitting 12 candidates for the training in Public Health Nursing is sanctioned with the Assistance of the Government of India and the training for the first batch was started during 1958-59.

25. *Training of Laboratory Technicians*.—With the assistance from the Government of India, a scheme for the training of 12 candidates for the training of Laboratory Technicians is sanctioned and started during 1958-59.

26. *B.C.G. Vaccination Scheme*.—Seven teams were working hitherto. The scheme is re-organised during the current year by the sanction of 3 additional teams, an Assistant Director of Public Health and two Regional Offices

#### (b) THIRD FIVE YEAR PLAN.

I have gone through the draft outline of the Third Five-Year plan for the Medical and Public Health Departments. It has

been prepared by the working group constituted by the Government for these two departments. I am generally in agreement with them. I may add however, that my remarks on the various items would be covered by the recommendations I have submitted to Government under various heads such as Medical Education, District Hospitals, etc. If my recommendations are accepted and duly implemented they would come within the scope of the Third Five-Year Plan.

I would however, like to refer particularly to the following subjects, which deserve special consideration, recommendations regarding which should be implemented in the Third Five-Year Plan period so as to improve medical aid and health conditions in the State:—

1. Medical Education.
2. Rural Medical Aid.
3. City Hospitals.
4. Training in Specialities.
5. Family Planning Clinics
6. Establishment of Laboratories.
7. Environmental Hygiene.
8. Control of Tuberculosis, Filariasis and Leprosy.
9. Residential accommodation for staff.
10. Improvement in pay scales.
11. Establishment of Ambulance Services.
12. Medical Research.
13. Vital Statistics.
14. Blood Banks.
15. Nurses, Midwives and X-Ray Technicians, etc.
16. The age of retirement.
17. Health Education.

1. *Medical Education.*—We have, in the State, 3 Government Medical Colleges, one each at Mysore, Bangalore and Hubli, apart from the Kasturba Medical College at Manipal, a private institution. Confining myself for the present to the Government Colleges, I may say, that the training potential of 100 admissions in each of the three institutions makes a total of 300 in all. It is my experience as a Teacher for many years, and as an observer of medical students in different parts of the country, that not more than about 50 per cent of those



entering the colleges pass successfully at the close of 5 to 6 years, which means that the out-turn in the three Colleges can be taken as about 150 to 160 graduates annually. It has also been observed, that only about  $1/3$  of the number of doctors, who qualify annually, come forward to take up Government employment in the State. This would again mean, that not more than 50 to 60 graduates would be available annually for this employment. With this poor potential, the existing vacancies and future vacancies in the Third Five-Year Plan, which are estimated to be over a thousand cannot be filled in from the out-turn of the three colleges. Even if we add to this, the out-turn from the Kasturba Medical College, our requirements would not be fulfilled. There has been a proposal, for some time past, to increase the number of admissions in the three colleges *viz.*, from 100 to 150 in each. This should be done only after additional staff and other teaching facilities have been provided adequately; otherwise there is a serious danger of the lowering of the standard of medical education, which should not happen. I would, however, very strongly recommend that, at least, two more Medical Colleges should be established in the Third Five-Year Plan period. Where the colleges should be situated is a matter for the Government to decide. But, I may suggest that they may be established in Hyderabad Karnataka, Bombay Karnataka or Bellary areas.

2. *Rural Medical Aid*.—From Government records, which I have perused, I notice that Government have decided to establish one Medical Institution of a Primary Health Centre type for every 15,000 of population. This is commendable and its implementation must be urgently enforced during the Third Five-Year Plan. In the present set-up, considerable difficulty has been experienced in recruiting doctors to go and settle in rural parts. This is mainly due to two reasons, namely :—

- (a) paucity of residential accommodation in rural parts ;  
and
- (b) unattractive pay scales.

It must be stated, that the present scales compare favourably with the scales, that were existing in the recent past. But it must also be admitted, in all fairness, that the

purchasing power of the Rupee is not even 25 per cent of what it was before World War No. II, and to that extent, the pay scales still continue to be unattractive. An upward revision consistent with the price structure of essential commodities and consumer goods, should be considered to make employment conditions in rural areas attractive. Whenever an institution is established in rural areas, along with the construction of the hospital or dispensary, it must be obligatory to construct residential accommodation for the Doctor, Compounder, Midwife, Sanitary Inspector and the Class IV staff. The entire cost of this construction with a cheap and simple design may not be more than Rs. 60,000, and if 10 per cent of the salary of the staff is deducted towards house rent, there is sure to be a return up to 4 per cent on capital investment.

Hospitals and dispensaries in rural areas are not equipped as they should be ; as, for instance, in the vast majority of institutions, there is no microscope. Modern medical aid cannot be conceived without the help of a microscope. I would even go to the extent of saying, that a microscope is as essential as a stethoscope. Provision for all categories of essential equipments should always be made before such institutions are started. Some of this equipment would be available in India, but some will have to be imported from abroad, for which necessary facilities should be offered by Government.

3. *City Hospitals*.—There is increasing overcrowding in the City Hospitals, as in Mysore, Bangalore and Mangalore Hospitals, etc. This is because the population of these Cities is increasing rapidly. These Hospitals should have additional accommodation to cope up with these heavy demands. They will also thus provide additional clinical materials in teaching hospitals. I, therefore, recommend, for consideration of the Government, that accommodation in all the State Hospitals and in particular, the teaching Hospitals in Mangalore, Mysore, Bangalore and Hubli, should be increased, both by way of buildings and modernised equipment.

All teaching hospitals must have within the premises or in the neighbourhood, residential quarters for undergraduates and post-graduates, who could, make use of the clinical material and receive training to the maximum extent,

4. *Training in Specialities.*—In my recommendations on District Hospitals, I have stated, that every District Hospital should have specialists on its staff in the following subjects :—

1. Ear, Nose and Throat Diseases.
2. Tuberculosis.
3. Radiology.
4. Dentistry.
5. Skin and V. D.
6. Anæsthesiology.
7. Blood Bank and transfusion service.

Wherever Hospitals in Taluka level have sizeable in-patient accommodation, *viz.*, over 100, even here, specialists must be attached to the Hospitals. We would thus require a large number of specialists to staff over 50 major Hospitals all over the State. For this purpose, training must be instituted during the currency of the Third Five-Year Plan, on a large scale, in all the specialities either in the Upgraded Institutions inside the State or in Universities in other parts of India, or, if necessary, by deputing people to Universities in Europe and the United States. A time has now come when the population in rural parts is entitled to receive specialists' advice and treatment, instead of being obliged to come to city hospitals from long distances, involving expenditure and inconvenience, as at present.

5. *Family Planning Clinics.*—In the earlier part of my Report, I have alluded to the fact, that the population of India is increasing by six millions annually and in our State by over three lakhs every 12 months. Unless this rapid increase in population is put to a halt to, whatever type of economy we may plan, the low standard of living is bound to continue. Until the birth-rate is controlled, there will be much difficulty for the Government to construct schools, hospitals and residences for the increasing number of human beings. Every District Headquarter Hospital and every Taluka Hospital must have a Family Planning Centre, where free aid for this purpose should be given.

6. *Establishment of Laboratories.*—Scientific medical treatment cannot be practised without facilities for diagnosis, which are available in a well-established Laboratory. To this extent, every District Headquarter Hospital, must have a Laboratory, which should carry out routine bacteriological,

bio-chemical and analytical work. For the purpose of diagnosis and as an agency for analysis of articles of food and drinking water, wherever necessary, the training of Laboratory Technicians, must, to this extent, be carried out on an increasing scale. Medical Officers, if necessary, should be trained in the All India Institute of Public Health, Calcutta, or in Guindy, Madras, if the facilities, in our own State, are not considered adequate for this purpose.

7. *Environmental Hygiene*.—It is well known that 80 per cent of India's population lives in villages, and if public health measures are to be fruitful on a large scale, they must be effective with the large mass of our people, who live in our villages. The chief problems in the villages are water supply, drainage, sewage, conservancy, housing and control of epidemic and contagious diseases. Both preventive and curative measures must be taken on an extensive scale, for the control of these diseases and every effort must be made to ensure protected water supply, good drainage, sewage and conservancy in the villages. My own feeling is, that a very large part of the public health activities must be diverted towards the well-being of our population in the villages and the control and elimination of diseases among them will have its rich rewards in the general economic well-being of the population, as a whole.

*Hand flush Latrines*.—It must be a statutory obligation in the urban and semi-urban centres to instal flush-out latrines, when houses are constructed. The future Public Health Act should contain penal clauses for all those who contravene this primary requisite. Years ago, Corporations were advancing funds for the construction of sanitary type of latrines and recovering such advances with cheap interest, in long term instalments.

Even the State Governments have plans for advances under the Housing Board, and I would suggest to Government, that loans must be made available for all those, who want to construct sanitary type of latrines and such loans must be recovered in small instalments with low interest.

8. *Control of Tuberculosis, Filariasis and Leprosy*—(a) *Tuberculosis*.—The control and treatment of Tuberculosis is a major problem, second only to that of Malaria. With insecticides now available for anti-Malaria work in the form

of chlorinated hydro-carbons and allied drugs, the control of malaria is no more a serious problem and to that extent, the control of Tuberculosis has become Public Health Problem No. 1. Control of Tuberculosis must be diversified in an extensive B. C. G. Vaccination Campaign, Establishment of more Domiciliary Treatment Centres, increase of in-patient accommodation in Sanatoria and establishment of Tuberculosis Clinics at District and Taluka levels. Not only this, but officers in charge of T.B. Clinics in the districts should be required to do anti-tubercular work in different parts of the district from time to time, so as to be able to carry anti-Tuberculosis work to the very homes of the patients. As an ancillary to this intensified programme of tuberculosis control, X-Ray and Laboratory facilities to the extent they are necessary for anti-tuberculosis work must be a pre-requisite in all big hospitals and even at taluka level, where the population is more than 10,000.

(b) Filariasis and Leprosy.—These diseases are luckily localised in the State; and intensified large scale efforts for their control and treatment must be carried out in the regional areas, where they are endemic.

Till such time as these diseases are controlled, on a large scale, I would suggest the establishment of anti-filaria and anti-leprosy squads, who will tour those areas, where there is heavy incidence of these diseases; they should work in these areas, persistently to spot these diseases and control them.

9. *Residential Accommodation*.—While on the subject of rural medical aid, I have alluded to the provision of residential accommodation to all classes of staff in rural areas. These facilities should also be extended for areas, which are urban and semi-urban, as there is great difficulty in getting proper residences there too. If private residences are to be secured, the officers are forced to pay sometimes as much as 1/3 of their salary to get a suitable accommodation for themselves and their family. Therefore, I would strongly recommend to Government to invest on residences for the staff in urban and semi-urban areas also. These investments, if equitable house rents are recovered, should give return of 4 to 5 per cent of the investment. The very fact that residences are provided for the doctors gives them a security in service, which will encourage them to join service in increasing numbers.

10. *Improvement in Pay Scales.*—Government, as recently as January 1957, have made upward revision in the pay scales of their employees. But even so, I would respectfully, submit, that with the ever-increasing cost of living, Government servants find it very difficult to work contentedly with the existing pay scales and that Doctors, in particular, prefer to set up private practice rather than take up Government Service. I would, therefore recommend, that so long as the cost of essential commodities and consumer goods keeps on increasing, it would be desirable to increase the pay scales to get contented services from their employees. The upward revision should be considered in the interest of ensuring contented Government service.

11. *Ambulance Service.*—In my report on District Hospitals, I have made a reference to the provision of Ambulance Van Service in all District Hospitals and even in Taluka level. This, I would commend to the consideration of Government and for immediate implementation during the Third Plan, so that Ambulances are available at all the District Hospitals and even Taluka Hospitals by 1966-67. The usefulness of Ambulance Service from the point of view of rural population is well known, and, therefore, this aspect requires very serious consideration by Government.

12. *Medical Research and Post-Graduate Training.*—The three primary duties of a good Doctor are (a) diagnosis of disease and its treatment, together with advice on its prevention; (b) teaching of Under-Graduates and Post-Graduates, (c) Research with a view to increasing our knowledge of Medicine, including the causes, diagnosis, treatment and prevention of disease as well as promotion of positive health. Whereas (a) is carried out fairly satisfactorily by a large majority of persons, objects Nos. (b) and (c) are not accomplished to the same extent. Therefore, it is incumbent that in a progressive State good teachers must be produced and original research must be done. This is so in all advanced countries in the West, where teaching is a life time job, as also research. Every opportunity must be given for teachers to get experience in their own art by periodical Refresher Courses either in India or abroad, and Centres of Medical Research must be established in places like Mysore, Bangalore, Hubli and Mangalore Hospitals, where sufficient amount of clinical material is available. In the initial stages of the Third Plan, I would recommend the upgrading of the Bowring and the Lady Curzon



Hospitals, Bangalore, as a Post-Graduate Teaching Centre, where Post-Graduates can be trained to take their M.D. Degrees in various specialities, as also M.S. in various branches of Surgery.

Mysore could be developed as a Post-graduate Centre in Tuberculosis and Preventive Medicine, and Bangalore for Ophthalmology and Ear, Nose and Throat Diseases. The Medical College at Hubli is still in its infancy and the Post-Graduate Courses now contemplated for Mysore and Bangalore can also be introduced during the currency of the Third Plan period at Hubli, by which time the College would be on a sound footing.

13. *Vital Statistics*.—The existing laws on the registration of Births and Deaths and reporting of communicable diseases must be suitably amended to make vital statistics, both reliable and useful; and a Central Bureau of Vital Statistics must be organised with branches or subsidiary Centres in the Districts, whose work with the Central Bureau must be co-ordinated.

14. *Blood Banks*.—I would like, in this connection, to reiterate what I have stated in connection with my report on District Hospitals, *viz.*, the Blood Banks should be established in the District Headquarters and the personnel trained in Blood transfusion must be available in all Hospitals at and above taluka level. For this purpose, a Central Training Institute either in Mysore or Bangalore must be established, very early, with the training potential of about 10 to 20 persons twice a year.

15. *Nurses, Midwives, X-Ray Technicians, etc.*—I give hereunder a statement giving the existing number of Training Centres for the various types of para-medical personnel:—

|                   |    | <i>No. of<br/>training<br/>Centres<br/>sanctioned</i> | <i>Number<br/>functioning</i> |
|-------------------|----|-------------------------------------------------------|-------------------------------|
| Nurses            | .. | 13                                                    | 9                             |
| Midwives          | .. | 14                                                    | 14                            |
| Lab. Technicians  | .. | 1                                                     | —1                            |
| X-Ray Technicians | .. | 1                                                     | —                             |
| Compounders       | .. | 8                                                     | 8                             |



We are nowhere near saturation point where Nurses are concerned; also in the case of Laboratory Technicians and X-Ray Technicians. Training Centres must be increased and their potential must also be increased so that qualified Technicians are available in abundance in the institutions at and above taluka level.

16. *The Age of Retirement.*—I would reiterate my earlier submission to Government, to raise the age of retirement of technical personnel, particularly Specialists, Teachers and Administrators to 58 years. This point has been conceded by Government in the Draft outline of Third Five-Year Plan for the Medical and Public Health Departments. I would strongly recommend its immediate implementation, so that there is no dearth of personnel from now onwards.

17. *Health Education.*—I would strongly urge the necessity of conducting an intensive campaign of imparting Health Education to the masses, so that they may lead healthier and happier lives.

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## CHAPTER X.

## CONCLUDING REMARKS.

AND

## ACKNOWLEDGMENTS.

## CONCLUDING REMARKS.

In this enquiry I have adhered to the terms of reference and have made my recommendations, keeping strictly in view the limitations of personnel and finance. We should however see, that the measures designed to improve Medical relief and to raise the standard of health develop on right lines.

2. As rightly mentioned by the Health Survey and Development Committee, the modern trend in the provision of an organised health service for the Community is in the direction of ensuring, that such service satisfied the following requirements:—

“(1) that the service should be available to all citizens, irrespective of their ability to pay for it, AND

(2) that it should be a complete medical service, domiciliary and institutional, in which all the facilities required for the treatment and prevention of disease as well as for the promotion of positive health are provided. Thus, there should be provision for every patient, if his condition requires it, to secure the consultant, laboratory and other special services, which may be necessary for diagnosis and treatment. There should also be provision for the periodical medical examination of every person, sick or healthy, so as to ensure that his physical condition is appraised from time to time, and that suitable advice and medical aid, wherever necessary, are given in order to enable him to maintain his health at the highest possible level.”

It is advisable to keep these trends in view in re-organising the Health Services in this State.

3. In order to provide better medical facilities in the State there is need for more trained medical staff. This includes

not only doctors, but also nurses, technicians and other ancillary personnel required for medical institutions. It is gratifying, that the Government are making every effort to improve this deficiency.

4. Apart from the deficiency in numbers, the terms and conditions of service have to be improved. I trust, that the new scales of pay will attract the right type of persons in sufficient numbers to man the health services in the State adequately.

5. It is a matter of great importance that the standard of medical education, both under-graduate and post-graduate, should be kept at a high level, so that the medical relief provided in the State is of the highest quality possible.

6. There are at present 4 Medical Colleges in the State, of which 3 are under Government control. This number is likely to be increased in the near future, and a new Medical College is likely to be started probably in the Hyderabad Karnatak area before long. The number of seats in the existing Colleges should be increased only if adequate provision is made for additional teaching staff as well as suitable teaching facilities in the laboratories and the associated hospitals.

7. Apart from the urgent need for more doctors in the country, their proper distribution in the rural and urban areas is of vital importance. This distribution is very uneven at present. While many urban areas are well supplied with doctors, their number in many rural areas is very scanty and medical aid there is very inadequate. I have no doubt, if the conditions of service in the rural areas are improved, many doctors will go and work there. This matter deserves the earliest attention of the Government.

8. There should be adequate facilities for frequent Refresher courses for private medical practitioners and medical officers of Government. They could be best organised in the Medical Colleges at Mysore, Bangalore and Hubli, where teachers in various subjects are available.

9. In most teaching institutions there is lack of suitable lecture theatres, laboratories for pathological examinations,

X-Ray Departments, adequate residential accommodation for Medical Officers and the Nursing Staff as well as Messing arrangements for the Nurses. These are matters which greatly affect the efficiency of these institutions. I recommend that Government may take early steps to provide them.

10. Medical profession, may I say, is essentially a humanitarian vocation, and it is a matter of vital importance, that all medical officers and other personnel working in the Medical and Public Health Departments should carry out their duties with a spirit of service and devotion. Kindliness in thought and deed should be the motto of all doctors when dealing with the sick. The doctors should treat all those who come in contact with them with utmost sympathy, courtesy and politeness.

11. In order to achieve satisfactory results from the measures we adopt, a close co-operation with the public is essential.

12. The Medical and Public Health Departments. should work in close collaboration with each other, and their ultimate and early combination into one department is highly desirable. I also strongly feel, that the State should eventually take full responsibility for safeguarding the health of the people and for this purpose the existing Health services should evolve into one National Health Service, which would be something of the pattern of the National Health Service in England.

13. Finally, we should all realise, as I pointed out in Trivandrum at the Joint Medical Conference in 1958, while speaking on the Evolution of Medicine, that today Medicine has reached a stage after a period of Evolution, when its scope is more comprehensive than ever before. It is not merely an art of prescribing pills, powders, mixtures or injections, or even performing a surgical operation when necessary. These things of course are necessary, for they are the essential part of our armamentarium. But the aim of Medicine now is to offer medical relief on the widest possible scale to every citizen in the land both domiciliary and institutional, in which all the facilities required for the treatment and prevention of disease, as well as for the promotion of positive health are provided for all, irrespective of their ability to pay for it. We also now study disease and ill-health in relation to social and physical environment. In order to study the scope of medicine

in any country, we must study its social, cultural, economic, scientific and historical aspects. It includes the practice, teaching and research in Medicine in all its roots and branches on the widest possible scale.

14. I sincerely trust, that before long the incidence of disease in this State will be reduced to the minimum, that medical aid to the people will be adequate, and that the standard of health will be improved to the best possible extent.

#### ACKNOWLEDGMENTS.

1. At the outset, I wish to express my grateful thanks to Honourable Dr. K. K. Hegde, the Minister for Health, Government of Mysore, for having given me an opportunity to serve this State and to offer my suggestions for the re-organisation of medical education as well as Health Services, so as to raise the standard of medical relief and improvement of health here. He has taken very keen personal interest in the conduct of the enquiry, and has offered much valuable advice, for which I am most grateful.

2. I acknowledge with thanks the valuable assistance received from Government Reports and communications from Officers in the Medical and Public Health Department and others. I have given a Bibliography at the end of the Report showing in the main the literature I have consulted. I regret if any omission has occurred inadvertently.

3. I am thankful to Col. V. Srinivasan, the Director General of Health Services, New Delhi, as well as his staff, namely, Mrs. S. Bhatia, Adviser in Maternity and Child Health and Miss T. K. Adranwala, Nursing Adviser, Directorate General of Health Services, New Delhi for their valuable assistance.

I also thank Sri R. Srinivasan, Secretary, Local Self-Government and Public Health Department, Government of Mysore, as well as the Under Secretaries of the Department for their valuable help and co-operation.

4. I would wish to record my sincere appreciation of the assistance rendered by the Administrative Medical Officers in Mysore State, Dr. D. V. Nadkarni, the former Director of Medical Services, in whose time the Enquiry actually commenced, Dr. V. R. Naidu, the present Director of Medical Services, and Dr. S. T. Rodda, the Director of Public Health, Mysore State. I offer them my best thanks.

5. I particularly wish to offer my best thanks to Dr. T. B. Medappa, Deputy Director of Medical Services, who has been closely associated with me in this Enquiry from the outset and has given me the most valuable help and advice at every stage.

6. I wish to thank the Deputy Director of Public Health, the Principals and Professors of the Medical Colleges in Mysore State and also the Superintendents of Hospitals, District Medical Officers and District Health Officers for the valuable information furnished by them in connection with this enquiry. I also thank Dr. N. L. Bordia, the Director of National Tuberculosis Institute, Bangalore.

7. I wish to thank Major K. N. Rao, Director of Medical Services, Andhra Pradesh, Dr. D. P. Sethna, the former Surgeon General, Bombay and Dr. A. N. De Quadors, the present Surgeon General, Bombay, Dr. V. Thayumanaswami, Director of Medical Services, Madras and Lt. General Chakravarthy, Director of Health Services, West Bengal for their valuable help.

8. I am also grateful to Dr. C. S. Patel, the President and Dr. V. V. Puri, the Secretary of the Medical Council of India for their valuable help and advice.

9. I wish to place on record my sincere appreciation of the valuable help given by Shri D. Prahallada Rao, and Sri M. Mohan who worked as my Personal Assistants throughout the Enquiry. I offer them my best thanks.

10. To Shri Abdul Azeez, I offer my thanks for help rendered in the publication of the Report.

BANGALORE,

*8th July, 1960.*

S. L. BHATIA,

*Major General.*

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## APPENDICES.

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2. Circular letter No. G. B. 99, dated 20th July 1959, from Major General S. L. Bhatia, to all Civil Surgeons and District Medical Officers.

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- (b) Syllabus for Teaching Preventive and Social Medicine, Bangalore Medical College, Bangalore.
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- (d) A note on the utilities of Urban and Rural Health Units for teaching purposes in Medical Colleges by Dr. B. N. Lingaraju.

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- (h) Hajee Sir Ismail Sait Gosha Hospital, Bangalore.
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- (j) Mental Hospital, Bangalore.

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- (b) P. K. Sanatorium, Mysore.
- (c) Cheluvamba Hospital, Mysore.
- (d) Epidemic Diseases Hospital, Mysore.

**11. Inspection Reports on Hospitals in Tumkur District :**

- (a) District Hospital, Tumkur.
- (b) L. F. Dispensary, Nagavalli.
- (c) L. F. Dispensary, Kath Sandra.
- (d) Primary Health Unit, Kunigal.

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- (a) Sri Narasimharaja Hospital, Kolar.
- (b) Civil Hospital, K. G. F.
- (c) Maternity Hospital, K. G. F.

**13. Inspection Report on District Hospital, Mandya.**

**14. Inspection Report on (a) Vaccine Institute and (b) District Hospital, Belgaum.**

**15. Note on the Medical Facilities under the Employees State Insurance Scheme.**

**16. Medical Council of India :  
Code of Medical Ethics.**

**17. Mysore Medical Council :  
Code of Medical Ethics.**

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## APPENDIX I.

No. D.O. No. GBE-11—58-1

Office of the Director of Medical Services in Mysore,  
Bangalore, dated 8th November 1958.

Dear Sir,

You must have, by now, received copy of Government Order No. LLH 64 MDC 58, dated 10th October 1958.

Major General S. L. Bhatia, has been requested to submit a report to Government on the requirements of the Medical Colleges and Hospitals attached to teaching Institutions.

In this connection, I am desired to request you to furnish all relevant informations, pertaining to this inquiry and report by Major General Bhatia.

I should be, therefore, grateful to receive from you, expeditiously, the following informations, *viz.*, informations under (a) to (d) of para I of the G.O. (Page 2). In furnishing these informations, the present strength of staff, their emoluments, their duties, etc., and what is proposed by you, may kindly be given in a tabular form, with remarks in support of either increase or decrease, made by you. This information must be detailed and exhaustive, and must have a bearing on the standards recommended by the Indian Medical Council in regard to Medical Colleges and attached teaching hospitals, their equipment, and personnel employed in such institutions. I should be grateful to get your report by the 20th of this month at the latest.

If the report cannot be sent by 20th of this month, an interim reply may kindly be sent intimating the exact date by which the report can be expected.

Wherever equipment is to be procured for hospitals and Colleges, sources from which such procurement can be made and the approximate cost of equipments may kindly be furnished.

Standards recommended by the Indian Medical Council, necessarily, will pertain to buildings also. If buildings are under construction this may kindly be stated. If proposals have been sanctioned and execution has yet to be taken up, this may also be stated giving the approximate date when such sanctioned buildings are likely to be completed. In regard to buildings not sanctioned but required, a note may also be furnished.

While furnishing the report I would be grateful to get separate, independent, notes on:—

- (1) Different categories of the personnel,
- (2) Equipments,
- (3) Buildings,
- (4) Diet,
- (5) Supplies and services,
- (6) Drugs, etc.

The idea is not to have information in one consolidated report, but to bifurcate them in different sections, so that the information received from the various agencies may be easily pooled with a view to review them and submit recommendations to Government.

Any other information, in this connection, not stated above, and which you consider is essential in the interests of teaching institutions and attached Hospitals may also be furnished.

Yours faithfully,

(Sd.) T. B. MEDAPPA,  
Asst. Director of Medical  
Services.

To

.....  
.....  
.....

## APPENDX II.

No. G.B. 99—End-1.

Office of the Director of Medical Services in Mysore,  
Bangalore, dated 20th July 1959.

To

All Civil Surgeons and District Medical Officers.

You are perhaps aware that under orders of Government I have been asked to inspect medical institutions all over the State with a view to ascertain their requirements and to report to Government regarding the deficiencies in staff, equipment, buildings, etc. The intention is to improve the existing institutions and to make good any deficiencies by way of staff, equipment and other requirements as considered necessary for the efficient administration of medical relief in the State.

During my inspection of Kolar and Tumkur Districts recently, representations have been made to me by the concerned District Medical Officers, viz., D.M.O., Kolar, D.M.O., K.G.F. and D.M.O., Tumkur, that they are short of (a) staff, particularly the Nursing staff, (b) linen and (c) certain types of essential equipments in regard to Medical Aid in the District. The chief difficulty mentioned by the D.M.Os. was that the dispensaries under their control were being financed by the Municipalities, District Boards and Local Bodies, in accordance with existing statutory regulations, and that, wherever contributions by these bodies are to be made these are not forthcoming in time and therefore, efficient medical aid is not being administered. For the same reason, even maintenance of buildings is not being done, viz., annual and petty repairs have not been carried out for some years.



They have represented, that the amounts sanctioned for contingent expenditure some years ago, are thoroughly inadequate now in view of the rising cost of requirements of daily use, viz., Kerosene Oil, Bandages, Postal charges, electricity charges, etc. It was also represented that for want of sufficient funds, Medical Officers are unable to buy life-saving drugs in case of necessity. While these are immediate concerns, it is likely that you may have similar and other problems which require to be rectified with a view to provide medical aid of a high standard for the villagers and the rural population. To that extent I would request you to fill in the enclosed *pro forma*, and to send them to me by the 10th of August 1959.

(Sd.) S. L. BHATIA,  
Major General.

### PRO FORMA—I.

#### *Buildings.*

I. Details of Buildings sanctioned by Government, and under execution by the P.W.D. or other agency.

- (a) At Headquarters.
- (b) In the District.

II. Building for which proposals have been sent and sanction is awaited and authority from whom sanction is awaited—details under individual institutions.

### PRO FORMA—II.

Staff of different categories—Medical Officers, Nurses/Midwives, Compounders, Technicians (Lab. and X-ray), Class III (Ministerial) and Class IV (Menials).

- (1) Sanctioned but not appointed.
- (2) Additional Staff required.

In regard to item (1) and (2) number of posts should be indicated with detailed justification for additions now asked, institutionwar.

### PRO FORMA—III.

*Existing      Required      Approximate cost*

#### *Equipments :*

- (1) Hospital equipment.
- (2) Instruments.
- (3) Drugs.
- (4) Linen.
- (5) Furniture.
- (6) Etc.

*Remarks.*—Please give detailed justification wherever extra demands are made.

## PRO FORMA—IV.

*Special needs.—*

- (1) Library.
- (2) Canteen.
- (3) Indoor games.
- (4) Dharmasalas.
- (5) Quarters for staff.
- (6) Contingent Provisions.

*Note.*—Under each please furnish the existing facilities and what your minimum basic requirements are.

These may please be given for the entire district against individual institutions.

If more than one form is necessary under each institution these may please be sent separately.

## APPENDIX III (a).

## BANGALORE MEDICAL COLLEGE, BANGALORE.

I visited the Bangalore Medical College on 3rd April 1959.

The Principal, Medical College, Bangalore, stated that it is enough if the Dean is defined as the Administrative Head of the College, which is a wide term and gives flexibility while dealing with affairs of the College. The Principal informed that the College was inspected by the Indian Medical Council when it was under the private body. He promised to send a copy of the inspection report and the action taken so far.

The Principal suggested that a common scale of pay may be adopted for all the three Medical Colleges in the State *viz.*, Bangalore Medical College, Mysore Medical College and Hubli Medical College. The posts of non-clinical Professors should be non-practising posts and should be paid a liberal non-practice allowance of Rs. 200 to Rs. 250 per month. The scale of pay must be attractive such that the Professors stick on to these jobs. They must be completely detached from the Medical Department. While recruiting personnel for teaching posts they must be made to understand that they will be permanently attached to the teaching side and will not have any chance of coming to the general line. They must opt out for the College. They shall not be mixed up with the other departmental officers in the Civil List, in the interest of medical education. They may not claim subsequently the posts of Civil Surgeons, Superintendents of Hospitals or the Director of Medical Services. But provision should be made to transfer them from one College to the other in the State.

The scale of pay of the Professor now is Rs. 550—30—700—40—860, whereas a Professor has to be recommended to be paid in the scale of Rs. 700—40—900—50—1,000 *plus* non-practice allowance.

Next the Principal suggested that we must have full time Professors for Clinical subjects also. Teaching units cannot be started without non-practising people; otherwise the best thing is to appoint Clinical Professors who have not tasted Private practice. Only in this way we can improve the teaching.

The first teaching unit should consist of Officers forbidden from private practice from the list of personnel recruited for the teaching side. For every 100 admissions, 3 teaching units are necessary as per the standards laid down by the Indian Medical Council. The Principal was of the opinion that the second unit should consist of departmental officers recruited on the scales of pay available in the Medical Department. The third and other extra units should be for Honorary Medical Officers, where highly qualified Officers available may be entertained. This is in vogue in Bombay and Madras. This system should be introduced in all the Colleges uniformly.

The services of highly qualified Honorary men cannot be lost for our Colleges. Madras has done the best out of them. We should also take advantage of their services. But wherever Honorary men are appointed as Professors, their assistants should be from the paid staff.

*Beds.*—For every 100 admissions, as per the standards laid down by the I.M.C. there must be 750 beds. The Principal also agreed to this. At present we have only 450 sanctioned beds with all specialities. The beds on the medical and surgical side should be 200 respectively. The total of 760 beds is the minimum. The Principal reiterated that our Special Branches are very good. But the beds on the general side should improve.

The Principal said that there is dearth of personnel for filling up the sanctioned posts. He further suggested that unless active steps are taken to recruit them the work will suffer. For obtaining post-graduate qualifications he said he can relieve officers one by one, not more than one per year from each Department. He is in touch with the Lucknow University authorities to depute officers for M. D. for one year. Such officers shall take their examinations after six months, after completion of one year's residency.

There are a large number of vacancies of Lecturers. The only method of solving this problem is to withdraw all Medical Graduates posted for various dispensaries and put them in the Colleges as Lecturers; most of them are quite willing to take up teaching work. L. M. Ps. may be posted to such dispensaries for the present. Any time the Indian Medical Council is likely to inspect the College and unless the College fulfils the conditions the recognition of the M.B.B.S. degree may be delayed. The I and II Year Classes only have been affiliated by the Mysore University; III and IV year classes have yet to be affiliated.

The Pharmacology Block is ready. The other buildings should be constructed very soon. Lecture theatres must be in

the College premises except one located in the hospital. We have planned to have one large lecture hall in the Dental College to be located next to the Out-patient of Victoria Hospital.

At present there is a good Professor attached to the Pharmacology Department on a contract basis. Temporary part-time Assistant Professor is sanctioned up to the end of 31st March 1959.

#### *Pathology :*

Some special efforts should be made to get persons for the Pathology Department. A full-time Professor must be appointed as early as possible. The Professor of Pathology shall also be in charge of the department of Pathology in Victoria Hospital. Teaching material is lost by having the Principal as the part-time Professor in Pathology, and the position now is very anomalous. He must have one assistant Professor of Clinical Pathology and one resident Pathologist, so that all clinical material is made available to teaching work. Till such time the Professor of Pathology shall be in-charge of the buildings, material, etc., of the department. The Principal said he had discussions recently with Dr. Malik of Lucknow University regarding a fellowship in M. D. (Pathology) for Dr. Devanniah. In one year he can do his M.D. and after his return he can be made a full time Professor for the Department. The Lucknow University authorities have informed that their M. D. (Pathology) includes Pathology, Bacteriology, etc., and that the candidate has to select a subject for his thesis from one of the branches, in which he gets proficiency. The Department of Pathology should consist of Professor of Pathology, one Associate Professor or Reader for Bacteriology and two to three Assistant Professors in charge of the two departments; besides one shall be Resident Pathologist. Four to six lecturers should be provided. The Resident Pathologist shall not be borne on the establishment of the College.

#### *Social and Preventive Medicine :*

This is a completely revolutionised department. The curriculum is revised. We have to fall in line with the Indian Medical Council standards. Besides a full-time Professor, Assistant Professors or Readers should be appointed on part-time basis, to teach rural public health and urban public health. One full-time Professor, one full-time Assistant Professor (College) and one full-time Lecturer (for the College) besides two Readers or Associate Professors will have to be appointed (on part-time basis) to teach rural and urban health. The difficulty is to get a full-time man for the post. Dr. Amruthraj is qualified for this work, who is now in charge of one of the Bureaus in the Public Health Department.

#### *Ophthalmology :*

One Professor and 2 Lecturers are to be provided. At present we have got one Professor and one Lecturer sanctioned.

*Medicine and Surgery :*

Two hundred beds on each side should be provided. There must be 3 teaching units in each as already suggested above.

Then the present position regarding the sanctioned posts and vacancies was discussed with the Principal.

The departments of Anæsthesia, Radiology, Pædiatrics, Orthopædics, Dermatology, E. N. T. etc., may be converted into full-time teaching units. The students will be posted by rotation. At present the University regulations provide a course of 12 Lectures in each of these subjects, which is not in line with other Universities. A reference has been made to the University Authorities for revision but probably it may take some time before the revision is approved, as it has to pass through several academic bodies.

The Principal also pointed out that the posts of Attenders, Clerks and Technicians to the various departments of the College, have to be increased.

Then the method of recruitment was discussed. The procedure to recruit through the Public Service Commission, will take a long time. Nearly 7 to 8 months back, the posts of Professors of Pathology and Pharmacology were referred to the P. S. C. but till to-day they have not been advertised.

The Principal also suggested that in some special cases the normal procedure of recruitment has to be relaxed. For instance he said he had recommended the case of an Artist (who belongs to Mysore) and is now in Vellore, who had offered his services to the College on a salary of Rs. 140 per month which he is now getting in Vellore. Objections are being raised on this appointment and the matter is not finalised although this was taken up about 7 months back. The work will suffer indefinitely. The P. S. C. should be convinced that the skilled workmen like artists and modellers are not available easily and that Government should be approached to circumvent regulations in such cases where technically trained men are not freely available.

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## APPENDIX 3(b).

### (H) KARNATAK MEDICAL COLLEGE, HUBLI.

I visited the Karnatak Medical College on the 11th April 1959, with Dr. D. V. Nadkarni, Director of Medical Services, Bangalore, Dr. T. B. Medappa, Assistant Director of Medical Services and Dr. V. G. Kale the Dean of the Karnatak Medical College, Hubli. I had visited this College in connection with the admissions of medical students last year, and now I wished to see the progress that the College has made so far. The new College should be properly organised from the very beginning.

### **I. Existing College Premises :**

I am glad that the work in the Anatomy, Physiology, Bio-chemistry and Pharmacology Departments has been well organised. The College is located in the building which belongs to the Kannada daily "Samyukta Karnataka", published in Hubli. All the furniture is of local manufacture and most of laboratory equipments of Indian make. This is really very gratifying. There is no arrangement for cold storage in the Anatomy Department. This should be provided. The post of the Museum Curator should be filled up urgently. The Museum contains some interesting specimens such as two headed monsters, etc. It is further enriched by importing some specimens from outside.

In the course of inspection, the staff of the College represented that after the completion of their three years contract period, they may be confirmed in their posts as was done in the Bangalore Medical College.

#### ***Pathological Department :***

The Professor of Pathology Dr. Rajoo, unfortunately died recently and the Department is now in charge of the Assistant Professor Dr. Damodaram who has been trained in Boston.

#### ***Library :***

There is need for more reference books and journals in the Library. The present library is inadequate. It is also found that enough journals on Anatomy and Bio-chemistry are not being subscribed for. Books and Journals dealing with clinical subjects are also urgently needed. There is need to increase the grant for the Library.

### **SOCIAL AND PREVENTIVE MEDICINE.**

Training of students in Social and Preventive Medicine is quite necessary and therefore, arrangements may be made for this purpose. It is better to send some medical personnel to Bombay to undergo training in Topiwala National Medical College, where Professor F. A. E. Crew is lecturing on the subject under the auspices of the W. H. O.

I am glad to learn that the College will start functioning on its new site from 1961 but because of the non-availability of steel probably it may be in 1962. A report has also been made in this connection by Col. Srinivasan, Deputy D. G. H. S., New Delhi.

I am happy to note that the College has got facilities for starting Post-graduate instruction in certain subjects.

#### ***Physiology Section :***

There are about 62 students studying in this Department and the laboratory equipment available is not adequate for this number.



*Chittiguppi Hospital :*

We visited Chittiguppi Hospital which has got 60 to 70 beds. It is not adequate for teaching purposes and therefore it is essential to have a 150 bedded hospital ready by the end of June 1959

*Equipments :*

A considerable number of instruments have been brought from Bombay, including operation tables. The College authorities are of the opinion that the remaining equipment will also be supplied by the firms within about two months.

## II. INSPECTION OF THE BUILDING UNDER CONSTRUCTION FOR HOUSING THE KARNATAK MEDICAL COLLEGE AND HOSPITAL AT HUBLI.

The above project consists of College and Hospital Buildings.

### 1. The College Buildings consist of—

- (a) Main College,
- (b) Boys' Hostel,
- (c) Ladies Hostel,
- (d) Quarters for Gazetted Officers, and
- (e) Quarters for Non-gazetted Officers.

### 2. The Hospital Buildings consist of—

- (a) Administrative Block.
- (b) Wards and Operation Theatre.
- (c) Kitchen and Laundry.
- (d) Out-patient Department.
- (e) Nurses Quarters.
- (f) Servants Quarters.

The Executive Engineer, Karnatak Medical College Construction Division, Hubli, is of the opinion, that the Out-patient Block will be ready by the end of 1960. The Ladies Hostel by the end of this year. Boys' Hostel will be ready by March 1960. The operation block will be ready by June 1960 and the Casualty Ward is almost complete. Nurses-quarters will be completed by March 1960. Class IV Officials quarters and Class III Officials quarters are complete and want electrification. In Class IV Officials' quarters each unit will accommodate 28 families. Class I, II, III and Servants quarters will be ready by the end of June 1959. Pathological Department is almost ready. Demonstration table and cupboard are also ready. All wooden and steel furniture is of a very good quality. Library hall will be completed within



this month, i.e., April 1959. The proposed College is a five storied building, having one Department on each floor. Each Department has got its own Lecture Hall.

I am of opinion that it is better to have a Tuberculosis and a Leprosy Hospital also near the College and Hospital. For this purpose it is better to acquire the land which is by the side of the Railway line, so that the Karnatak Medical College may have all facilities to train Medical Personnel in all the fields and thus the College can become one of the best Colleges in India.

The present building which is occupied by the Executive Engineer may be made use of as a guest house to accommodate visiting Professors, etc., when they come to Hubli. It should not be dismantled. I strongly urge that in the special block a Hospital with a capacity of 150 beds should be got ready by the end of June 1959 and the Administrative Block should be connected with the Out-patient Department.

— It is better to have white glazed tiles for the floor and on the walls in the operation theatre instead of the present coloured tiles.

The building for the Laundry and Kitchen are ready for occupation. It is desirable to instal electric fittings in the Laundry and Kitchen.

I was informed that there will be five lifts to carry food to patients and I learn that the two operation theatres will be air-conditioned.

There will be a play-ground behind the Kitchen. Mortuary will be ready within 4 months.

The quarters for Nurses are ready and it is said that the progress of the buildings is much handicapped by short supply of steel. The State Government should see, that adequate supply of steel is made available for the construction of this College immediately, so that the work can be completed before the rainy season.

It is also proposed to construct 24 Gazetted Officers' Quarters. Government sanction is awaited, in this connection. It is hoped that the sanction will come through before long.

It is seen that there will be a Lecture Hall and a Museum for each Department.

Quarters for the Dean are ready for occupation.

#### HOSTEL FOR STUDENTS.

Two hundred and four boys and 75 girls will get accommodation in the Hostel.

In Class IV Officers Quarters (Servants Quarters) 140 families and in Class III Officers Quarters (Ministerial Quarters) 32 families and 5 Gazetted Officers can be accommodated.

It is learnt, that the Central Government will bear 75 per cent of the cost of the building and the remaining 25 per cent will be borne by the Mysore State Government, i.e., Rs. 20.20 lakhs is the Central aid and Rs. 6.70 lakhs State aid. The total expenditure incurred during March 1959 is Rs. 54,13,797, i.e., for the College it is Rs. 26,90,745 and for Hospital Rs. 27,23,052.

### APPENDIX 3(c).

#### (a) MYSORE MEDICAL COLLEGE, MYSORE.

I visited the Mysore Medical College on 15th April 1959 and was shown round by Dr. Y. Appajee, B.A., M.B. (Cal.) M.Sc. (Lond.), Principal and Professor of Anatomy of the College, along with Dr. D. V. Nadkarni, Director of Medical Services in Mysore State. The number of admissions in the College to the Pre-Medical Course are as follows:—

|               |    | Male | Female | Total |
|---------------|----|------|--------|-------|
| 1. In 1954-55 | .. | 63   | 26     | 89    |
| 2. In 1955-56 | .. | 75   | 16     | 91    |
| 3. In 1956-57 | .. | 80   | 13     | 93    |
| 4. In 1957-58 | .. | 82   | 17     | 99    |
| 5. In 1958-59 | .. | 74   | 27     | 101   |

It is seen from the above statements, that there is an increase of students from year to year. Though there is an increase of students in the College it is noticed that this has not kept pace with suitable expansion of teaching facilities in the institution.

The main College building accommodates the departments of Chemistry, Anatomy, Physiology, Biochemistry, Pharmacology, Preventive and Social Medicine, Ophthalmology, Surgery, Obstetrics and Gynæcology. The Department of Pathology including Bacteriology and Forensic Medicine is located in the premises of the Combined Hospitals compound.

#### *General :*

There was a general complaint, that there was lack of suitable teaching staff in the College. The persons who are appointed as Lecturers are not inclined to stick to their jobs, as the present scales of pay are not attractive. Some are anxious to go abroad and apply for Scholarships for the purpose.

There are a number of vacancies of Assistant Professors, Lecturers and Demonstrators in certain departments which need to be filled up at an early date.

*Physiology :*

In the practical class room 50 students can work at a time. This Department has got a good number of Microscopes. The staff should be amplified, as, for the last ten years, they have been handicapped for want of proper staff. Special stress should be laid on the practical training of the students.

There is need for suitable technicians in the Physiology Department.

It is better to have a course of two years for Anatomy and Physiology, instead of 18 months. This would meet with the approval of the Medical Council of India.

*Anatomy :*

It is desirable that the teaching in the subjects of Anatomy and Physiology should be suitably integrated as they are both closely connected with each other.

### DISSECTION ROOM.

Generally, the students work in groups of eight on a part of the dead body, since there were not enough dead bodies to go round.

*Post Mortem Examination Room :*

It was reported that since there was no proper supply of dead bodies from the Hospital, it was impossible for the College authorities to do suitable teaching work. Therefore, it is suggested that the Anatomy Act, which was passed in Mysore in 1957 should be implemented suitably.

*Museum :*

This contains a good collection of specimens. Some good Pathological specimens can be obtained from the District Hospitals, wherever post mortem examinations are conducted.

### MODEL SECTION.

Shri V. Krishnaiah, Modeller of this College, has prepared a good number of models for the use of the students. His services may also be utilised for the purposes of making models for the training of Midwives and Nurses in the teaching hospitals for the State. Shri V. Krishnaiah has put in 14 years of service in the

College and considering the good work that he is doing for the College his case for suitable remuneration deserves special consideration.

*Pharmacology :*

Dr. Raghunath Rao, B.Sc., M.B.B.S., D. Phil. (Oxon) is the Professor of Pharmacology. There is no museum attached to this Department. This should be organised. I was informed that there was not enough equipment for Pharmacology Department and that there was only one temporary lecturer. Arrangements should be made to post necessary staff immediately. There is acute necessity for Demonstrators, Assistant Professors and Technicians in this College. Steps should be taken to fill up these vacancies immediately.

*Distribution of Students in the Wards :*

The existing arrangements of distributing students for clinical work is not satisfactory, and needs to be carefully reconsidered.

Students should be posted for casualty duty in the hospital, where they have opportunity to learn how to deal with emergencies in a practical way.

*Hostel Accommodation :*

Hostel accommodation for the students of this College is of utmost importance. It was found that lady students are staying in the Nurses' Quarters. This is not desirable. Separate Hostel accommodation for the students should be provided immediately.

*Library :*

It was reported that the Library contains 6,231 books. A qualified Librarian is required to look after the books.

The "Decimal" system should be introduced for the classification of books in the Library.

*Registrar :*

There are no Registrars in the Clinical Departments. They should be appointed.

*Unit System :*

It is necessary to have Unit system in Clinical subjects as suggested by the Medical Council of India.

*Photography Room :*

Additional equipment is required here for Photographic work.

*Sports Ground :*

The College should have a play ground of its own. It is a pity that there is no play ground attached to this College, at presents. The students should be encouraged to play games regularly. If necessary Government should be moved in this matter immediately.

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# APPENDIX 4.

## MYSORE ACT No. 23 of 1957.

(First published in the *Mysore Gazette* on the Nineteenth Day of September 1957).

### THE MYSORE ANATOMY ACT 1957.

(Received the assent of the Governor on the Thirteenth Day of September 1957).

An Act to provide for the supply of unclaimed bodies of deceased persons to hospitals and medical and teaching institutions for the purpose of anatomical examination and dissection and other similar purposes.

Whereas it is expedient to provide for the supply of unclaimed bodies of deceased persons to hospitals and medical and teaching institutions for the purpose of anatomical examination and dissection and other similar purposes.

Be it enacted by the Mysore State Legislature in the Eighth Year of the Republic of India as follows :—

1. *Short title, extent and commencement.*—(1) This act may be called the Mysore Anatomy Act, 1957.

(2) It extends to the whole of the State of Mysore.

(3) It shall come into force at once in the South Kanara District; and on such date or dates and in such other area of the State as the State Government may by notification in the Official Gazette specify from time to time.

2. *Definitions.*—(1) In this Act unless there is anything repugnant in the subject or context :—

(a) “approved institutions” means a hospital or a medical college or an allied institution as may be declared by the State Government by notification in the Official Gazette to be an approved institution for the purpose of this Act.

(b) “authorised officer” means an officer authorised under section 3.

(c) “hospital” means any hospital established or maintained by the State Government or by any Municipal Corporation, Municipal Council, Municipal Borough, District Municipality, District Board, or Panchayat, and includes any other hospital which may be declared by the State Government by notification in the Official Gazette to be a hospital for the purpose of this Act.

- (d) "persons interested" means a near relative or any other person who is interested in the disposal of the body of the deceased person in accordance with the religious usage or social custom of such deceased.

*Explanation.*—For purpose of this clause, "near relative" means any of the following relatives of the deceased namely, wife, husband, parent, son, daughter, brother or sister and includes any other person who is related to the deceased (i) by lineal consanguinity within three degrees or by collateral consanguinity within six degrees, or (ii) by marriage with any of the relatives aforesaid. The expressions "lineal consanguinity" and "collateral consanguinity" shall have the meaning assigned to them in the India Succession Act, 1925 (Central Act XXXIX of 1925) and degrees of relationship shall be computed in the manner laid down in that Act;

- (e) "prescribed" means prescribed by rules made under this Act;
- (f) "unclaimed body" means the body of a person who dies in a hospital, prison or public or a place to which members of the public have got access and which has not been claimed by any person interested within such time as may be prescribed.

(2) The Mysore General Clauses Act, 1899, (Mysore Act III of 1899) shall apply for the interpretation of this Act, as it applies for the interpretation of a Mysore Act.

(3) Power of State Government to authorise officers to act under section 4 (1) The State Government may by notification in the Official Gazette, authorise for the area in which this Act comes into force or any part thereof, one or more officers to whom a report shall be made under section 4 and such officer or officers shall be competent to act under the said section.

(4) Unclaimed dead bodies in hospitals, prisons and public places how to be dealt with—

- (1) If a person dies in a Hospital or in a prison and his body is not claimed by any person interested within the prescribed time, the authority in charge of such hospital or prison or any police officer shall with the least practicable delay report the fact to the authorised officer and the said officer shall take possession of the unclaimed body and except in the case referred to in sub-section (3) hand it over to the authority in charge of an approved institution, if it is required by that authority for the purpose of conducting anatomical dissection or other similar purpose.

- (2) If a person dies in any public place in an area in which he had no permanent place of residence and the body

of that person is not claimed by any person interested within the prescribed time, the authorised officer shall take possession of such unclaimed body and except in the case referred to in sub-section (3), hand it over to the authority in charge of an approved institution if it is required by that authority, for the purpose specified in sub-section (1).

(3) When there is any doubt regarding the cause of death or when for any reason the authorised officer considers it expedient so to do he shall forward the unclaimed body to the Police Officer referred to in section 174 of the Code of Criminal Procedure, 1898 (Central Act V of 1898).

(4) Where any unclaimed body taken possession of by the authorised officer under this section is not required by the authority in charge of an approved institution for the purpose specified in sub-section (1) it shall be disposed of in such manner as may be prescribed.

(5) Doubt or dispute as to near relative to be referred to City Magistrate or Magistrate of the First Class. (1) If any doubt or dispute arises whether a person is or is not a Person interested for the purpose of section 4 the matter shall be referred to the City Magistrate or a Magistrate of the First Class and the decision of such Magistrate shall be final.

(2) Pending such decision, the body of the deceased person shall be preserved from decay in such manner as may be prescribed.

6. *Penalty.*—Whoever disposes of, or abets the disposal of, an unclaimed body save as provided by this Act, or obstructs any authority in charge of an approved institution or an authorised officer from handing over, taking possession of, removing or using such dead body for the purposes specified in section 4, shall be punishable with fine which may extend to five hundred rupees.

7. *Duty of Police and other Officers to assist in obtaining possession of unclaimed bodies.*—All officers and servants of the Police, Medical and Public Health Departments, all officers and servants in the service of a local authority and all village officers and servants shall be bound to take all reasonable measures to assist authorised officers in the discharge of their duties under this Act.

8. *Protection of persons acting under this Act.*—No suit, prosecution or other legal proceedings shall lie against any person for anything which is in good faith done or intended to be done in pursuance of this Act.

9. *Power to make rules.*—The State Government, may, by notification in the official Gazette, make rules for carrying out the purposes of this Act.



10: *Repeal*.—The Madras Anatomy Act, 1951 (Madras Act XVIII of 1951) in force in Bellary District and the Madras Area, the Bombay Anatomy Act, 1949 (Bombay Act XI of 1949) in force in the Bombay Area and the Hyderabad Pathology and Anatomy Act, 1955 (Hyderabad Act No. X of 1955, in force in the Hyderabad area are hereby repealed:

Provided that, anything done or any action taken (including any appointment or rules made, notification, order or direction issued) under the said Acts shall be deemed to have been done or taken under the corresponding provisions of this Act and shall continue to be in force accordingly, unless and until superseded by any thing done of any action taken under this Act.

#### APPENDIX 5(a).

#### MEDICAL COUNCIL OF INDIA.

#### PROCEEDINGS OF THE MEETING OF THE SUB-COMMITTEE APPOINTED BY THE MEDICAL COUNCIL OF INDIA, TO DRAFT SYLLABUS IN SOCIAL AND PREVENTIVE MEDICINE.

The Sub-Committee met at Calcutta on 18th June, 1958.

The following members were present:—

1. Dr. B. Banerji,
2. Dr. P. K. Ghosh,
3. Dr. B. Narayana.

Dr. S. N. Gantayet, having resigned the membership of the Medical Council of India, did not attend the meeting but a note prepared by him and sent to the Medical Council was available and served as a good guide in the drafting of the syllabus.

The course of study in Preventive and Social Medicine should extend throughout the pre-clinical and clinical periods in the medical curriculum and should consist of 50 hours teaching in the pre-clinical period and 90 hours teaching in the clinical period excluding practicals, demonstrations and field visits.

#### DETAILS OF SYLLABUS.

##### *Pre-clinical period.*

1. The Modern concept of social Medicine .. 15 hours.

Man and Society, Historical evolution of medicine, Aim and scope of preventive medicine, Public Health and Social Medicine, Concepts of Health and normality, Heredity, Ageing and health, Environment and health, Population, Socio-economic-Factors.

## 2. Biostatistics

15 hours.

Principles and elements of statistics, bio-statistics and Medical (vital) statistics, Vital statistics and elementary statistical methods; Population Census Registration of birth and deaths, Notification of communicable diseases; personnel engaged—Local—District—provincial—Central—international; Statistical methods—Tabulation—Graphs—Spot maps—Averages—Rates—Methods of calculation of birth and death rates—specific death rate—infant mortality rate—maternal mortality rate and other mortality and morbidity rates; Rates—variation—statistical constants. Mean—Median and Mode—normal curves; Common errors in the collection, analysis and interpretation of data are to be pointed.

## 3. Lecture—seminars

.. 20 hours.

(10 hours in the 1st and 10 hours in the 2nd years).

These lecture seminars are to be conducted in collaboration with the Professors of Anatomy, Physiology, Pharmacology, Pathology, Medicine, Surgery, Obstetrics and Gynaecology and Preventive and Social Medicine.

*Clinical Period.*

1. *Environmental hygiene (Ecology and sanitation)* 20 hours. including insect and insect born diseases of medical importance.
  - (a) Concepts of human ecology, Physical environments, man's habits and mode of life. Climate and health.
  - (b) Air, ventilation and atmospheric pollution; Airification of Air and air sterilisation.
  - (c) Water supplies—sources and uses; Supply of water in urban and rural areas; standards for drinking water; diseases associated with water supply.
  - (d) Garbage, refuse and excreta; methods of collection, removal and disposal; type of latrine and their uses; Disposal of factory effluents.
  - (e) Disposal of the dead.
  - (f) Housing and health; Rural, urban and industrial housing.
  - (g) Disinfection—disinfectants, deodorants, antiseptics, germicides. Methods of disinfection and sterilisation.
  - (h) Insects—Insecticides; Insects in relation to diseases.
  - (i) Protozoal and helmenthic diseases; life cycle of protozoa and helminthus; Prevention of these diseases.

## 2. *Epidemiology of Communicable diseases and Health Education.* 20 hours.

- (a) Epidemiology and Communicable diseases—Basic understanding of health and diseases; the nature of the latter, its extent and relationship to various factors—heredity, environment, social and economic status, occupation etc.; basic concepts of infection and immunity, nature of infection—source of infection—modes of transmissions—incubation period—quarantine period—carriers, contacts, missed cases, methods of prevention and control of common communicable diseases. Notification, investigation, Isolation, Quarantine, Surveillance, disinfection—concurrent, terminal, Epidemic and endemic diseases—definition. Methods of investigation of common infections Diseases—diagnostic laboratory methods—clinical aspects. Prevention and control of:—small pox, chicken pox, measles, mumps, tuberculosis, anterior polionecylitis, whooping cough, diphtheria, typhoid, dysentery, cholera, influenza, pneumonia, leprosy, anthrax, rabies, rickettsial diseases. Special preventive measures.
- (b) Vaccination against small pox; inoculation against typhoid, cholera, plague, diphtheria, whooping cough and yellow fever; Rat campaign, fly campaign, hook-worm campaign and B. C. G. vaccination.
- (c) Isolation hospitals—quarantine camps.

Lectures on the epidemiology of selected epidemic diseases are to be given in correlation with the courses of bacteriology and parasitology and medicine. Joint clinics are to be held in conjunction with the department of Medicine specially for diseases such as typhoid, cholera, venereal, tuberculosis etc. Well organised malaria control programme, rural and urban should be demonstrated.

## 3. *Physiological Hygiene and Nutrition* .. 10 hours.

- (a) Nutrition—food in relation to health, work and diseases, balanced diets; nutritional deficiencies; food processing—pasteurisation of milk; adulteration of food and food inspection; food poisoning; synthetic foods.
- (b) Air, light and sunshine.
- (c) Effect of climate—Humidity, temperature, pressure, and other meteorological conditions—comfort zone—effects of over crowding.
- (d) Personal hygiene—(cleanliness, rest, sleep, work); Physical exercise and training.

## 4. *Occupational health* 10 hours.

- (a) *Occupational hygiene.*

Industrialise—evolution; conditions; work and health; workers welfare; factory conditions, state control, industrial accidents and their prevention—factors concerned compensation. Safety devices; Industrial legislations in India; outlines of an industrial health programme.

(b) *Occupational diseases* :—

Causation, diagnosis and prevention.

*Trade* :—(i) *Dusts* :—Generation, effects of reduction, exhaust system;

(ii) Chemical poisons—production, effects, protection.

(iii) Physical hazards—humidity, heat and radiation.

|                                                                                                             |              |
|-------------------------------------------------------------------------------------------------------------|--------------|
| 5. Mental Hygiene                                                                                           | .. 8 hours.  |
| 6. Maternity and Child Health and Family Planning                                                           | .. 10 hours. |
| 7. School Hygiene—Medical inspection and correction of defects, control of communicable diseases in schools | .. 4 hours.  |
| 8. Public Health administration and International Health Organisation                                       | .. 3 hours.  |
| 9. Fairs, Festivals and Camp sanitation                                                                     | .. 5 hours.  |
| Total                                                                                                       | .. 90 hours. |

*Practicals* :

(a) *Field demonstrations* should include visits to water purification plant, trenching ground, sewage disposal work, incineration, housing projects—urban, rural and industrial—disinfecting stations, industrial plants, industrial bustees, anti-malarial operations, slaughter house, food markets, shop etc.

(b) *Attendance* at maternity and child welfare, and family planning centres, school health clinics, chest clinics, V. D. clinics, Infectious diseases hospital, institution for mentally defective, municipal health office, vaccine depot, rural health centres, voluntary organisations for social welfare work, factories etc.

*N.B.*—There should be an adequately equipped Hygiene Museum.

(c) *Lecture Seminars.*—Occupational diseases, communicable diseases, maternity and child welfare, mental health.

These instructions can be divided into didactic lectures, lecture seminars and 20 or more practical hours including participative work at Health Centres, rural or otherwise.

Four weeks residential clinical assistantship is recommended to be given at a recognised rural Health Centre during the pre-registration period of training.

*Note.*—Instruction should aim at (1) enabling the student to realise the scope, functions and methods of Social Medicine; (2) Imparting the fundamental principles and outlook in preventive medicine, (3) Teaching the student to recognise and assess the social aspects of diseases and the patients' reaction to his environment; (4) Informing the students of the contribution of elected authorities, both Central and Local, to Public Health; and (5) Equipping the students with a practical knowledge but not the detailed technicalities and method of the practice.

The curriculum, distributed throughout the clinical period, is correlated with relevant clinical teaching and the organisation and practice of public health.

The instruction, therefore, should not be confined to the teacher of Preventive and Social Medicine but should be given by every teacher throughout the clinical period in collaboration with the teacher of Social Medicine.

In order to effectively introduce the syllabus in the medical curriculum, the Sub-committee recommends the following steps :—

- (1) That a full time and permanent department of Social and Preventive Medicine like other departments of the Medical College be created with full time staff including ancillary staff namely medical social workers, Public Health Nurse, Bio-Statistician and Technicians.
- (2) That proper qualified persons should be trained to take up teaching posts in Social and Preventive Medicine at Training Centres in India and abroad.
- (3) That rural and urban practice fields should be established for training purposes.

1. (Sd.) Dr. B. N. Banerji,  
31-2-1958.

2. (Sd.) Dr. P. K. Ghosh,  
6-8-1958.

3. (Sd.) Dr. B. Narayana,  
8-8-1958.

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## APPENDIX 5(b).

## (b) SYLLABUS FOR TEACHING OF PREVENTIVE AND SOCIAL MEDICINE TO UNDER-GRADUATE STUDENTS.

(MEDICAL COUNCIL OF INDIA.)

The Medical Council of India, recommended some years ago "that throughout the whole periods of study the attention of the student should be directed by his teachers to the importance of the preventive aspects of medicine, and of measures for the assessment and maintenance of normal health."

The present recommendation on "Social and Preventive Medicine" is confirmation and extension of the previous recommendation. These recommendations arise from the fact, that under the present system of our medical education, most of what is taught to the student about preventive medicine, is during the course of lectures in Hygiene. This is neither sufficient, nor does it impress the student with the importance of the subject. Besides, "Preventive and Social Medicine" can be better taught and illustrated while the student is going through the pre-clinical and clinical subjects of the curriculum. There is no subject of the medical curriculum wherein the teaching of some aspect of "Social and Preventive Medicine" cannot be suitably incorporated. A few illustrations may suffice.

*Anatomy.*—Some changes in rickets, bony deformities caused by premature bearing of weight in infants, importance of calcium in the development of bones, deformities of spine, posture, fatigue and muscle strain; the effect of deformities of chest upon vital capacity and hence upon respiratory inflection, importance of lymphatic drainage in prevention of malignant metastasis etc.

*Physiology.*—"Defects" in diet as factors in causation of ill health and disease, abuse of alcohol, maladjustment of rest and exercise, the importance of sex crisis at the time of puberty and menopause. Understanding of normal sex manifestations, Heridity and Disease, effect, of climate on health.

*Pharmacology.*—Poisonous effect of the drugs; tea, coffee, alcohol, tobacco, Indian hemp, and opium habits; drug addiction, results of the use of patent medicines and nostrums, importance of standardisation of drugs, and drug control, industrial poisons such as lead, arsenic, phosphorus and Benzol and their control.

*Pathology and Bacteriology Immunology.*—In prevention and spread of some diseases, parasites as factors in causation of human disease. Insects in relation to disease.

*Clinical Medicine and Surgery.*—Including all the sub-divisions and specialities offer so wide a field for the teaching of "Preventive and social medicine" that comments on this are neither necessary, nor would it be justifiable. But it may be pointed out that the

importance of the earliest manifestations of disease be stressed, more so as these are almost never seen in hospital practice. Besides, clinics must cover the measures for the prevention and spread of diseases. Prenatal care, prevention of disease in infancy, pre-school child should receive adequate attention.

Our local customs and habits detrimental to health must be dealt with at appropriate stages of medical education for example, early marriage, ritual circumcision, purdah, dirty Dais (Puerperal and navel infections), chewing of tobacco and pans with chunam, spitting in public.

It is very important that our students must come in contact with the living conditions of the people, so that they may know these and their importance in the causation and spread of disease. This can be obtained by visits to the houses of the patients with social workers or independently, or both.

Examiners in various subjects of the medical curriculum can be very helpful in making students realise the importance of social and preventive medicine.

#### APPENDIX 5 (c)

#### THE BANGALORE MEDICAL COLLEGE, BANGALORE.

#### CURRICULUM IN PREVENTIVE MEDICINE.

#### III YEAR M.B.B.S.

#### CHAPTER 1.

#### I. *Introductory.*—

|                                                                                                                                                                                                                     |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| —Scope of Preventive Medicine and some definitions considered. . . . .                                                                                                                                              | 1 lecture          |
| —History of Medicine and the evolution of Preventive Medicine. . . . .                                                                                                                                              | 6 lectures         |
| —Primitive peoples and the origin of society—Growth of civilisations in different parts of the World—Influence of Geographical, of Climate and of environmental factors on Racial features and characteristics. . . | 1 lecture          |
| —Public Health from a Global Viewpoint—Public Health in India and analysis of the causes for the prevailing conditions. . .                                                                                         | 1 lecture          |
| —Achievements of Preventive Medicine in different countries and in India—Outlook for the future of this subject in this Country. . .                                                                                | 1 lecture          |
| Total . . .                                                                                                                                                                                                         | <u>10 lectures</u> |



## CHAPTER 2.

### II. *Nutrition.*

|                                                                                                                                                                                                                                  |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| —Primitive Man and his quest for Food—<br>Development of Agriculture—Food and<br>Population Problems—Malthusian Theory ..                                                                                                        | 1 lecture               |
| —Analysis of the causes for the deficiency of<br>food in India. .. ..                                                                                                                                                            | 1 lecture               |
| —Review of Physiological considerations ..                                                                                                                                                                                       | 1 lecture               |
| —Consideration of the various basic Foodstuffs<br>and their role in Nutrition .. ..                                                                                                                                              | 3 lectures              |
| —Balances Diets; consideration of the factors<br>in building them—Diet Survey. .. ..                                                                                                                                             | 1 lecture               |
| —Defects of the Indian Diets—Consideration of<br>merits of vegetarian and non-vegetarian<br>diets. Nutritional basis of treatment for<br>obesity and thinness—Consideration of Diets<br>for special groups of individuals. .. .. | 1 lecture               |
| —Review of the efforts on a global scale for<br>improvement of food supplies and the<br>efforts in this Country. .. ..                                                                                                           | 1 lecture               |
| —Deficiency diseases in relation to prevention<br>and control. .. ..                                                                                                                                                             | 2 lectures              |
| —Food adulteration and control—Sanitation of<br>food establishments. .. ..                                                                                                                                                       | 1 lecture               |
| Total ..                                                                                                                                                                                                                         | <hr/> 12 lectures <hr/> |

#### PRACTICAL COURSE.

1. Diet Survey in selected Communities and Hospitals and their evaluation in the College Laboratory.
2. Visit to the Central Food Research Institute, Mysore.

## CHAPTER 3.

### III. *Climate, Housing, Environmental Sanitation.*

|                                           |                         |
|-------------------------------------------|-------------------------|
| —Climate and Meteorology .. ..            | 4 lectures              |
| —Housing and Ventilation .. ..            | 2 lectures              |
| —Soil and Water Sanitation .. ..          | 8 lectures              |
| —Disposal of Refuse .. ..                 | 1 lecture               |
| —Disposal of Excreta .. ..                | 4 lectures              |
| —Sanitation of Camps, Fairs, Festivals .. | 1 lecture               |
| Total ..                                  | <hr/> 20 lectures <hr/> |

## PRACTICAL COURSES IN WATER SANITATION, METEOROLOGY AND ENVIRONMENTAL SANITATION.

### *Water.*

1. Estimation and interpretation in water of the intermediate and End products of the Nitrogen—Cycle of Nature (Organic matter, Ammonia, Nitrites, Nitrates.) 6 practical classes.
2. Visit to the Public Health Institute for study of the work in water Bacteriology and Chemistry.
3. Visit to water Filter Plants in Bangalore, Mysore and Madras.

### *Meteorology.*

1. Study of some instruments used in Meteorological observations.
2. Visit to the Central Observatory in Bangalore.

### HOUSING.

1. Visit to some of the slums in Bangalore to study the influence of bad housing on Health of the inhabitants.
2. Study of the housing conditions in the Rural Field Centre.

### DISPOSAL OF REFUSE AND EXCRETA.

1. Methods adopted in Bangalore in the Corporation area.
2. Methods adopted in Mysore
3. Methods adopted in Madras.
4. Existing conditions in the Rural Field Centre and possibilities of improvement.
5. Visit to Ramanagaram to study the methods adopted to introduce Latrines in rural areas.

## CHAPTER 4.

### *IV. Biostatistics.*

|                                                                                                         |            |
|---------------------------------------------------------------------------------------------------------|------------|
| —The Role of Biostatistics in Medicine .. ..                                                            | 1 lecture  |
| —Data— definition of, types, sources and how handled. .. ..                                             | 1 lecture  |
| — Tabular and graphic presentation of data ..                                                           | 2 lectures |
| — Measures of Central tendency— Arithmetic Mean, etc.— Measures of dispersal— Standard Deviation. .. .. | 3 lectures |

|                                                                                   |             |
|-----------------------------------------------------------------------------------|-------------|
| Standard Deviation as a tool in understanding data—Tests of significance. . . . . | 3 lectures  |
| Total . . . . .                                                                   | 10 lectures |

## PRACTICAL CLASS.

- Practical problems worked out.
- Use of calculating machines in working out problems.

## CHAPTER 5.

V. *Entomology and Rodent Control.*

|                                                                                                      |            |
|------------------------------------------------------------------------------------------------------|------------|
| Identification, life cycles and relation to disease of the arthropods of medical importance. . . . . | 5 lectures |
|------------------------------------------------------------------------------------------------------|------------|

## ABSTRACT OF THEORY (LECTURE) CLASSES FOR III YEAR.

|                                                          |             |
|----------------------------------------------------------|-------------|
| —Introductory . . . . .                                  | 10 lectures |
| —Nutrition . . . . .                                     | 12 lectures |
| —Climate, Housing and Environmental Sanitation . . . . . | 20 lectures |
| —Biostatistics . . . . .                                 | 10 lectures |
| —Medical Entomology . . . . .                            | 5 lectures  |
| Total . . . . .                                          | 57 lectures |

## CHAPTER 6.

## IV YEAR M.B.B.S.

VI. *Epidemiology.*

|                                                                                                      |               |
|------------------------------------------------------------------------------------------------------|---------------|
| —Introductory: Historical evolution of the knowledge regarding the causation of Disease. . . . .     | } 5 lectures  |
| Impact of the disease process on the individual and the society. . . . .                             |               |
| Different types of Infectious diseases. . . . .                                                      |               |
| Summary of Control measures. . . . .                                                                 |               |
| —Individual diseases considered on the following points (Bacterial, Viral and Rickettsial diseases): |               |
| Historial aspects . . . . .                                                                          | } 25 lectures |
| Etiology and Bacteriology . . . . .                                                                  |               |
| Pathology and Clinical manifestations . . . . .                                                      |               |
| Diagnosis . . . . .                                                                                  |               |
| Source of Infection . . . . .                                                                        |               |
| Methods of transmission . . . . .                                                                    |               |
| Population at risk . . . . .                                                                         |               |
| Pattern of Disease prevalence . . . . .                                                              |               |
| Methods of Control . . . . .                                                                         |               |
| International position & International Control . . . . .                                             |               |
| Total . . . . .                                                                                      | 30 lectures   |

## PRACTICAL COURSES (EPIDEMIOLOGY).

- 10 vaccinations to be done by each student in the Health Centre under supervision.
- Visit to the E.D. Hospital, Bangalore and Leprasorium.
- Visit to the Vaccine Institute and Public Health Institute at Bangalore to study their role in control of infectious diseases.
- Visit to the Bureaux of Epidemiology and Malariology at Bangalore to study methods and control in Mysore State.
- Visit to the Malaria Centres at Mandya, Sakleshpur and Mysore.

## CHAPTER 7.

VII. *Parasitology.*

- Life cycles of the parasites of importance and the clinical manifestations with their bearing on control. . . . . 6 lectures

## PRACTICAL (PARASITOLOGY).

- Helminthic Surveys in the Rural Health Centres
- Identification of the common parasites in the Laboratory and Laboratory Diagnosis of Infection.

## CHAPTER 8.

VIII. *Vital Statistics.*

- What it is ?
  - Population and its problems with special reference to India.
  - Consideration of the several rates used in Vital Statistics. . . . .
  - Life Tables.
  - Vital Statistics in India and in other countries of the World.
- } 5 lectures

## PRACTICAL COURSES (VITAL STATISTICS).

- Study of the Vital Statistics' procedures in the Corporation of Bangalore.
- Visit to the State Health Directorate Branch of Vital Statistics and in the Rural Health Centre.
- Practical problems in the Practical Class.

## CHAPTER 9.

IX. *Family Planning.*

- Methods of population control .. .. . 2 lectures

## PRACTICAL (FAMILY PLANNING).

1. Visit to the State Health Directorate Family Planning Section to study the problem in Mysore and methods adopted by the Government.
2. Visit to the Family Planning Centres in Bangalore Corporation area and at
3. Ramanagaram.

## CHAPTER 10.

X. *Preventive Services directed against specific groups.*

|                            |    |    |             |
|----------------------------|----|----|-------------|
| —Maternal and Child Health | .. | .. | 3 lectures  |
| —School Health             | .. | .. | 3 lectures  |
| —Mental Health             | .. | .. | 3 lectures  |
| —Industrial Health         | .. | .. | 3 lectures  |
| —Geriatrics                | .. | .. | 2 lectures  |
| Total                      |    |    | 14 lectures |

## PRACTICAL.

1. Visit to the State Directorate of Public Health Section of Maternal and Child Health to study the problems in the State and its administrative aspects.
2. Visit to the major Industrial Concerns in Bangalore to study the problems of Industrial Health.

## CHAPTER 11.

XI. *Health Education.*

- The past, the present and the future trends in Health Education. .. .. . 5 lectures

## PRACTICAL (HEALTH EDUCATION).

1. Visit to the State Health Directorate Section of Health Education.
2. Practice of Health Educational methods in the Rural and Urban Health Centres.

## CHAPTER 12.

XII. *Social Medicine.*

- Democracy and its attempts to achieve a welfare society—contribution of the Social Sciences towards establishment of a welfare society— Patterns of Medical Care in different countries of the world and how these are adopted to the prevailing conditions—Integration of Medical into Preventive services as an integral part of Social Welfare Services—the progress achieved in different countries and in India in such integration—Medical Insurance Schemes and Employment State Insurance .. .. . 5 lectures

## CHAPTER 13.

XIII. *Public Health Administration.*

- How Public Health services are planned in relation to Public Health needs—Patterns of Public Health administration in different parts of the World—Public Health Administration in India and in Mysore State—duties of different categories of Health Personnel—Organisation and administration of Health Centres—Future set up of the Health Centres and their integration into the Community Block Administration—Role of voluntary Health agencies and International Health Agencies—Legislation in Public Health .. .. . 5 lectures

## PRACTICAL.

1. Visit to Health Centres—Ramanagaram, Mandya, Poonamalle (Madras).
2. Visit to Corporation Health Department, Bangalore.
3. Visit to some C D Blocks.
4. Visit to State Health Directorate, Bangalore.
5. Visit to State Health Directorate, Madras.

XIV. *Conclusion.*

- Concluding Lecture .. .. . 1 lecture
1. Definitions of Health, Public Health, Preventive Medicine, Social Medicine, Socialised Medicine, reviewed.
  2. Outlook and trends for the future of Preventive Medicine.

## ABSTRACT OF SYLLABUS FOR IV YEAR M.B.B.S.

*(Theory Classes)*

|                                           |      |    |    |             |
|-------------------------------------------|------|----|----|-------------|
| 1. Epidemiology                           | ..   | .. | .. | 30 lectures |
| 2. Parasitology                           | ..   | .. | .. | 6 lectures  |
| 3. Vital Statistics                       | ..   | .. | .. | 5 lectures  |
| 4. Family Planning                        | .... | .. | .. | 2 lectures  |
| 5. Preventive Services for special groups |      | .. | .. | 14 lectures |
| 6. Health Education                       | ..   | .. | .. | 5 lectures  |
| 7. Social Medicine                        | ..   | .. | .. | 5 lectures  |
| 8. Public Health Administration           | ..   | .. | .. | 5 lectures  |
| 9. Conclusion                             | ..   | .. | .. | 1 lecture   |
| Total                                     |      |    |    | 73 lectures |

ABSTRACT OF THE TOTAL LECTURE-HOURS FOR III YEAR AND IV YEAR  
M.B.B.S. COMBINED FOR THE SUBJECT IN THEORY ONLY.

|                          |    |    |    |                      |
|--------------------------|----|----|----|----------------------|
| A. III Year M.B.B.S.     | .. | .. | .. | 57 lecture<br>hours  |
| IV Year M.B.B.S.         | .. | .. | .. | 73 lecture<br>hours  |
| Total                    |    |    |    | 130 lecture<br>hours |
| B. Practical Hours—about | .. | .. | .. | 120 hours            |
| C. Total                 | .. | .. | .. | 250 hours            |

R. J. AMRUTHRAJ,  
*Professor,*  
*Preventive and Social Medicine,*  
*Bangalore Medical College,*  
*Bangalore.*



## APPENDIX 5(d).

*A note on the utilisation of Urban and Rural Health Units for teaching purposes in the Medical Colleges by Dr. B. N. Lingaraju.*

I. *General consideration.*

In suggesting the scheme outlined below, the following factors are kept in view:

1. That there should be minimum dislocation of the accepted pattern in order to avoid unnecessary delay and complications in the implementation of the needed programme.

2. Practicability of the ideas in relation to newer approaches experimented upon should have due consideration.

3. Local conditions are to be kept in view in deciding upon the mode of utilisation of the field facilities in relation to the objectives of participation in the field programme.

II. *Programme—Three types of programme are envisaged—viz.*

(a) Compulsory postings in the clinical years excluding Internship year;

(b) Compulsory Internship in public health for three months;

(c) Projects on Voluntary basis.

Compulsory postings would comprise of block-time to be spent in the Rural and Urban health units at the end of the first year and a half of the course including the Internship period.

(A) *Clinical Clerkship:*

During the first clinical year, when the students have clinical clerkship for three months in the out-patient department of the hospital, they will have assignments for one month by rotation in the Rural health unit so that they will have experience both in hospital O.P.D. and in the health centre and also there will be opportunities for clinico-social follow up of patients in the home and for consultations and combined conferences. Each group will consist under this programme of not more than six to eight students visiting the rural health unit at a time.

2. During the clinical clerkship in obstetric department during the second and third clinical years, the students will have assignments by rotation in the urban health unit and they will concentrate here on Domiciliary midwifery and pre-natal, post-natal and Infant care to the extent possible. They will also attend Pre-natal and well-baby clinics and follow up cases referred to hospital for consultant and special services.

**(B) Internship :**

During the three-month Internship in public health, opportunities will be provided for working as a public health physician and follow up of cases and if possible for post-graduate training in public health.

**(C) Projects :**

1. Health Resources Survey at the end of the Pre-clinical year ;
2. Family studies for the four years on voluntary basis throughout the course—by selection—ten students in each year.
3. Special Investigation and studies depending upon the interests of selected students and facilities and practical value.

The broad implications of the accepted fact, that medical training should be adapted to suit the health and social policies of the State are that in this country, the product of such training should be a public health physician, who besides being a practitioner of scientific medicine is able to see and assess a social situation and is aware of the scope and limitation of the health and welfare services in the community setting. This involves preparation of a coherent syllabus that would provide an understanding of the problems confronting us in medicine and public health and of the knowledge and the means at our disposal for solving them. It is felt, that inculcating in the students from their first year of the medical course a wide and adequate conception of the role of physician in modern society would be valuable in developing sound attitudes towards their duties and responsibilities. It is therefore proposed to offer a short course of discussions during the pre-clinical years on the changing role of the physician and on what medicine has achieved in the past, what it can do at present and what it may hope to do in the future. Not more than an hour per week may be utilised for this purpose for an academic year.

The existing teaching arrangements are to be extended into the clinical field through the following new programmes:—

1. Home visiting for clinico-social investigation and follow-up of cases selected in out-patient department or wards.
2. Family studies and medical care ;
3. Clinico-social and clinico-pathological conferences and other inter-departmental teaching programmes.
4. Participation in urban and rural health unit activities.

Under the programme of visiting patients in the homes, suitable cases of illness could be selected for being seen by students on a limited basis for purposes of evaluation of the socio-environmental

factors in the causation and course of the illness in its response to therapy. The plan calls for a clear family and social history in relation to the description of the home visit and a discussion of the case in relation to the home situation reviewing pertinent host and environmental factors. Such a discussion that could be designated as "Clinical epidemiology" would help in directing the student's attention not merely to the individual patient but to the total clinical situation.

The project of family studies and medical care would involve assignment of a limited number of students on voluntary basis (about ten students from the first clinical year) to one or two selected families so that they can have contact with such families for about three years or more to study several econological factors and all vital events on a comprehensive basis under the supervision of preceptors. They would also accept responsibility to help the family in securing needed medical consultation and advice from the hospital or health centre. The principles upon which this programme is based are (i) the acceptance of the fact that environmental and physiological stresses play an important role to influence the degree of adequacy with which adjustment in health and disease is made; (ii) establishment of contact with the family and community; (iii) the appreciation of the need for comprehensive approach to family health considering the role of environmental, physical and emotional factors in relation to individual, family and community health needs; (iv) understanding of the scope and limitations of the health and welfare agencies in the community. At least a few clinico-social conferences are to be planned each year on a comprehensive basis. Realising that observation, examination, diagnosis and treatment are always based on synthesis and that scientific research calls for team work, integrated teaching will have to be planned at least in a few areas such as venereology, tuberculosis, nutritional disorders, etc. Exercises in bio-statistics could be planned in relation to the study of basic sciences and followed up in clinical studies. Correlated teaching programmes are to be arranged in co-ordination and co-operation with basic science departments in some areas such as nutrition, genetics, metabolic disorders, neuro-anatomy and neuro-physiology, etc. The principles underlying such proposals are that any tendencies towards isolation of each branch to cut itself off from the rest to become self-sufficient are not desirable and that indivisibility in medicine implies indivisibility in training ultimately.

#### *Participation in rural and urban health units :*

The objectives involved in the utilisation of health unit facilities for teaching purposes are centered around the trends included under the categories of Human ecology and teaching of health as against disease. Specifically, assignments to these centres will enable students to work with people as people and not merely as patients. It is hoped that such associations will help understanding and development of proper sociological and ecological outlook.

They would certainly provide ample opportunity for the inculcation of the public health philosophy and for giving a rural bias to students in training. The rural health centre in particular, can serve as the field laboratory for demonstration of the practical aspects of environmental hygiene, epidemiology including vital statistics and levels of prevention mentioned. The internship during the pre-registration year would provide opportunities for practical application of these ideas in practice and for stimulating interest in developing knowledge in effective methods of public health planning and administration. The following plans are proposed in regard to assignment to the health units to be sanctioned for purposes of teaching, investigation and research.

(i) During the first clinical year, the students posted to the out-patients department for three months will have assignments in rural and urban health units for a period of one month (out of the three-month out-patient clerkship) by rotation. There will be opportunities for clinico-social follow-up of patients and for having consultations and combined conferences on selected case presentations. This arrangement will enable us to avoid overcrowding in each section as not more than eight to ten students would be working at a time in the health units.

(ii) During the clinical clerkship in the department of obstetrics and in the children's wards the students should have assignments by rotation in the urban health unit where they can concentrate on domiciliary midwifery, pre-natal, post-natal and infant care including study of growth and development. There will be opportunities for follow-up cases selected at the pre-natal and well-baby clinics and in the wards. Another important opportunity would be to study and follow family planning programmes.

(iii) During the period of compulsory internship of three months in public health, the student would be in a position to apply the principles of preventive medicine as a public health physician working in the rural health unit.

Opportunities would continue to be available for conducting health surveys and special studies. It is desirable to have a programme of refresher courses for practitioners and advanced training in some field of public health. Amongst other programmes that could be initiated, it is desirable to have an exercise in conducting "Health resource survey" in a community development block during the summer following the first M. B. Examination with a view to appraise the student of the facilities and limitations in regard to medical practice. A rehabilitation unit and hospital social service programme should find a place in our development plans for expansion of teaching and research activities.

*Discussion.*—The plans suggested essentially call for a more complete medical, family and occupational history regarding at least some of our patients so as to appreciate what is going on in the patient's environment particularly in his family. It involves

measurement of factors which concern not only the individual patient but also the ecologic circumstances under which he became ill or will become sick again. It may be argued that the appreciation of these ecological factors can be acquired by the study of sick patients in the hospital bed or out-patient department. Experience in several institutions has shown that, while it may be true of experienced physicians to visualise the home, the patient's family and their problems from just the examination of the patient in his office, a great majority of medical students may not have precise ideas about such problems. It should be apparent that the plans proposed are based on experimental measures designed by eminent institutions to overcome the defects in medical education. By no means, they can be considered as answers to all questions involved in the philosophy and objectives in medical education nor as a blue print of action, to be followed in all situations. The factors of practicability and flexibility and local conditions are kept in view in deciding upon this approach and as suggested elsewhere it is necessary to have a curriculum committee which should constantly review the programmes and consider changes necessary. Nevertheless, by such an approach it is hoped, that the student will learn to appreciate team work and to consider the teaching hospitals as a focal point from which both centripetal and centrifugal forces can be felt within the community which it serves.

In closing, I would like to add that there is great need for evaluation of teaching programmes as well as the difficulties inherent in the process of such evaluation. Such a process would involve an initial assessment of students and follow-up observation of students' development of professional skills, character, attitudes and habits of study. It would also need an appraisal of the educational environment and curricula including faculty teaching and methods and also an appraisal of the student after graduation in his profession.

(Sd.) B. N. Lingaraju.

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## APPENDIX 6.

*Memorandum submitted by the Indian Pharmaceutical Association to the Planning Commissioner on the subject of the role of Pharmacists in the Third Five-Year Plan.*

The BHORE Committee appointed by the Government of India in 1945, had recognised that the Profession of Pharmacy in India was in a deplorable stage. Persons who were supposed to dispense potent drugs had no qualifications whatsoever except a meagre training in hospitals. As a matter of fact the state of affairs has continued to be bad and only recently cases were



detected where poisonous mercuric chloride was dispensed instead of mercurous chloride (calomel). Fortunately in this case the mistake was detected before much harm was done. In another case a gazetted officer of the U.P. Government lost his life due to the wrong supply of barium carbonate instead of barium meals. We are sure that such instances happen in large numbers elsewhere in India but go undetected.

Dispensing of drugs requires skill and specialised knowledge of chemistry, pharmaceuticals and pharmacology. Indeed the diagnosis and treatment of disease can all be vitiated if the prescribed drug is not formulated properly.

*Pharmacy Act, 1948.*—In recognition of the above state of affairs the Government of India in the year 1948 passed the Pharmacy Act with a view to regulate the practice and profession of Pharmacy. The Pharmacy Act was principally designed to raise the standard of training required for Pharmacists who work in hospitals and other dispensing establishments. The Act provides for laying down uniform standards of education for practising pharmacists and also for the inspection and approval of institutions which provide courses of studies for pharmacists; the Pharmacy Act side-by-side with the raising of the educational standards for Pharmacists, also provides for registration of pharmacists. Specific qualifications have been laid down for registration and the code of ethics for pharmacists.

It is regrettable, however, that in spite of these steps taken by the Pharmacy Council of India, many State Governments have yet to implement the minimum educational requirements and only recently a State Government has advertised in the press calling for applications for a Compounder's Training Course at the headquarters hospitals, standards of which are far lower than those laid down by the Pharmacy Council.

*Requirements for Diploma Pharmacists.*—In the U.K. there is a provision for one pharmacist for every three doctors whereas in our country where the bulk of population is in the villages and while we are aiming at extending medical services to the remote villages (Community Development Projects), the ratio of Pharmacists to doctors should be 2 to 1. Our needs of registered Pharmacists is placed at a figure of 93,000 at the ratio of one pharmacist for every two doctors. At present we have only 30,000 registered pharmacists in India which means that an additional 63,000 pharmacists will have to be trained to meet the requirements. Taking 25 years as the period of actual service, on the average, we will require 4 per cent for the replacement of trained personnel every year. Therefore we will require about 8,600 pharmacists annually for replacement alone. It will therefore appear that it is urgent that arrangements for training for pharmacists is made at once. The Pharmacy Council of India has prepared model schemes which may be referred. It has been

recommended that the Central Government should provide in the Third Five-Year Plan for the establishment of at least two such training institutions in each State. The initial outlay will be roughly Rs. 8 lakhs for each institute assuming that site for the institutions will be supplied by State Governments.

*Status of Pharmacists.*—In order that best talents are drawn to this profession, the condition of service for practising pharmacists should be made attractive enough. The stigma attached to the compounders' profession should be first removed. Formerly non-matriculates with scanty training for six months or so were qualified to enter the profession as compounders and in salary were practically on the level of a Class IV government employee. Under the new regulations a registered pharmacist should first be a matriculate and then have to undergo two years of intensive theoretical and practical study of specialised subjects in Pharmacy. This Association earlier has submitted its recommendations to the Central Pay Commission and the following grades have been recommended. We would reiterate these recommendations.

Diploma Pharmacists : Rs. 100—5—125—8—165—EB—10—225.

Selection grade Rs. 160—10—300—EB—15—450.

Hospital Pharmacist : Qualifications—Degree in Pharmacy with experience in manufacture or testing of drugs  
Rs. 275—25—500—EB—30—650—EB—800.

(The pay scales have also been recommended by the pharmaceutical Enquiry Committee of the Government of India).

The profession of Pharmacy which is being reorganized and reoriented as a result of the enforcement of the Pharmacy Act, should be shown as a new avenue of employment for the boys and girls who do not have the wherewithal to continue their higher academic training in Colleges. Such youngsters can enter the profession and in due course it may be possible for them to pursue higher training (degree course following the pharmacy diploma) and will equip them with employment in the fast developing pharmaceutical industry and trade.

*Requirements of Graduate and Post-Graduate Pharmacists—  
Pharmaceutical Technologists.*

Apart from the needs of the hospitals and doctors, a large number of qualified Pharmacists are required by :

1. The Pharmaceutical industry.
2. Drug Control administrations.
3. Laboratories engaged in research on indigenous drugs.
4. Drug testing laboratories.
5. Pharmacy colleges.



The Pharmaceutical industry in recent years has made phenomenal progress. With the restrictions in the imports of pharmaceuticals imposed by the Ministry of Commerce and Industry, not only has there been development in the manufacturing houses but also in the foreign owned agencies. The following figures will indicate the development that has taken place in the past few years:

|                                               | 1952  | 1958  |
|-----------------------------------------------|-------|-------|
| Number of factories producing pharmaceuticals | 1,643 | 2,000 |
| Value of pharmaceuticals produced (in crores) | 30    | 60    |

In order to regulate proper standards of manufacture of pharmaceuticals, the Drugs Act in 1940 and the rules thereunder in 1945 were enforced and has made it obligatory on the part of the industry to employ qualified pharmacists in charge of each of the departments. Unfortunately, however, the educational institutions have not expanded rapidly enough to meet this demand and therefore led to various difficulties. Consequently a large number of foreign technicians are at present employed by the pharmaceutical industry. It is therefore necessary that adequate number of pharmaceutical technologists are trained who will be able to look after the technological aspects of the pharmaceutical industry in the country. It is recommended that courses of study for graduate and post-graduate pharmaceutical curricula should be started in greater numbers and the existing institutions should be upgraded. (A list of institutions at present imparting such courses is given in Appendix 1).

A separate course for pharmaceutical technology comprising adequate knowledge of chemical engineering should also be introduced for the training of personnel who will be competent to man the industry and it is absolutely necessary to think in terms of establishing a Central Institute of Pharmacy with facilities for the teaching of pharmacy and pharmaceutical subjects. Such an institution will also serve as a training ground for teachers and also for research workers in the industry. There is a lack of teachers in the field of pharmacy and the few institutions which provide courses of study in pharmacy up to the graduate and post-graduate calibre. Arrangements should also be made for training of pharmacists in specialized branches of pharmaceutical industry. The Government should provide for deputation of students abroad for such technical training. The scheme prepared by the Pharmacy Council of India for the establishment of central institutions of pharmacy at a capital outlay of Rs. 50 lakhs needs urgent consideration of the Planning Commission. If the above recommendations are implemented, they will also provide for the staff of the drugs Control and Testing organisations in the country in addition to meeting the needs of the industry.

**Hospital Pharmacy.**—It is also recommended that every hospital with a bed strength of 500 or more should operate a hospital pharmacy. Such hospital pharmacies apart from increasing the medical facilities, will also result in collateral saving in the overall budget of the hospitals. The functions of the hospital pharmacy and the model scheme for a hospital pharmacy have been drawn by the pharmacy Council of India. In the opinion of the Association the State Governments must be prevailed upon to start in the first instance at least two hospital pharmacies in each state in the Third Five Year Plan. The initial outlay for each pharmacy will be about Rs. 8-9 lakhs.

**Conclusions.**—In conclusions it must be emphasised that whatever steps may be taken for the better health services of the country, it will remain incomplete unless the profession of pharmacy is upgraded and brought to the level of the more advanced countries. In the west the status of pharmacists is equal to that of the medical practitioner and he is looked upon for advice by the medical practitioners in all matters concerning drugs. It is hoped that the planning commission will pay adequate attention to these aspects.

**Summary.**—1. Immediate arrangements should be made for the training of pharmacists to meet the requirements brought upon by the enforcement of the Pharmacy Act, 1948.

Provisions should be made for the establishment of at least two training institutions in each state.

2. In order to meet the increased needs of the pharmaceutical industry, some of the existing colleges of pharmacy should be upgraded to train pharmaceutical technologists.

3. Provision should be made for the establishment of a Central Institute of Pharmacy.

4. Salary scales for pharmacists should be upgraded.

5. Provisions should be made for starting pharmacies in hospitals with a bed-strength of 500 or more.

At least two hospital pharmacies in each State should be established under the Third Five Year Plan period.

## APPENDIX I.

## PHARMACEUTICAL EDUCATIONAL INSTITUTIONS IN INDIA.

| <i>Institution</i>                                            | <i>Affiliated to</i>      | <i>Recognised by</i>     | <i>Courses offered</i>                             |
|---------------------------------------------------------------|---------------------------|--------------------------|----------------------------------------------------|
| 1. L. M. College of Pharmacy<br>Ahmadabad                     | Gujarat<br>University.    | A.I.C.T.E.<br>and P.C.I. | Dip. Pharm.,<br>B. Pharm.,<br>M. Pharm.,<br>Ph.D.  |
| 2. Medical College,<br>Amritsar.                              | Punjab<br>University.     | P.C.I.                   | Dip. Pharm.,<br>and Dresser's<br>course.           |
| 3. Dept. of Pharmaceutics., Punjab<br>University<br>Amritsar. | Punjab<br>University.     | P.C.I.                   | B. Pharm.,<br>M. Pharm.,                           |
| 4. Department of<br>Pharmaceutics,<br>Banaras.                | B. H. U.                  | ..                       | B. Pharm.,<br>M. Pharm.,<br>Ph.D.                  |
| 5. Bombay College of<br>Pharmacy,<br>Bombay.                  | Bombay<br>University.     | P.C.I.                   | Dip. Pharm.,                                       |
| 6. Dept. of Chemical<br>Technology,<br>Matunga Bombay<br>19.  | Bombay<br>University.     | ..                       | B. Pharm.<br>B.Sc. (Tech)<br>M.Sc. (Tech)<br>Ph.D. |
| 7. Maharaja's College,<br>Ernakulam.                          | Travancore<br>University. | ..                       | M.Sc.                                              |
| 8. Pharmacy Training<br>Centre, Jalpaiguri<br>(W.B.)          | State Med.<br>Faculty.    | P.C.I.                   | Dip Pharm.                                         |
| 9. D.A.V. College,<br>Kanpur.                                 | Agra<br>University.       | P.C.I.                   | Dip. Pharm.                                        |
| 10. Madras Medical<br>College, Madras.                        | State Govt.               | P.C.I.                   | Dip. Pharm.<br>B. Pharm.<br>M.Sc., Pharm.          |
| 11. Dept. of Pharmacy<br>Nagpur.                              | Nagpur<br>University.     | ..                       | B. Pharm.                                          |
| 12. Birla College,<br>Pilani.                                 | Rajputana<br>University.  | P.C.I.                   | B. Pharm.<br>Dip. Pharm.                           |
| 13. Dept. of Pharmacy<br>Saugor.                              | Saugor<br>University.     | ..                       | B. Pharm.,<br>M. Pharm.<br>Ph.D.,                  |
| 14. Dept. of Pharmacy<br>Waltair.                             | Andhra<br>University.     | ..                       | B. Pharm.,<br>M. Pharm.<br>B.Sc.                   |

P.C.I.—Pharmacy Council of India.

A.I. C.T.E.—All-India Council of Technical Education.

## APPENDIX 7.

No. SPE 55—M

Office of the Director of Medical  
Services in Mysore, Bangalore,  
Dated 31st March 1959.

To

The Secretary to the Government of Mysore,  
L. S. G. and Public Health Department,  
Bangalore.

Sir,

*Subject.*—Standardisation of staff of the various Medical  
Institutions.

I have the honour to bring to the notice of the Government that there is, at present, no standardisation of staff of medical institutions in the State, with the result some of the institutions are understaffed, resulting in inadequate and delayed attention to the Public on the one hand and overwork with consequent callousness for the staff on the other.

I have, therefore, based on my experience and calculations, standardised the staff of;

- (1) City Hospitals—Medical Staff:
- (2) District Headquarters Hospital—all kinds of staff.
- (3) Cottage Hospitals—all kinds of staff.

I enclose the statements.

2. In order to relieve this situation, I am dispersing and distributing the staff equally amongst all the hospitals, each of which will have a minimum of 10 Medical Officers, excluding the Surgeon. As some of the Hospitals have a sanctioned strength of less than this number, a technical situation may arise. As, however, the general cadre strength is the same, this disposal does not involve creation of any additional posts over the existing overall sanctioned cadre. Under the circumstances, I request the Government to sanction 10 posts for each District Hospital so that technical objection to draw the salary of the excess personnel may not arise.

As this step may take some time, I am proceeding with this reorganisation, in anticipation of Government sanction by posting the extra staff as on general duty to such of the hospitals, where the sanctioned strength is less. Such dispersal is also in consonance with the assurance given by the Health Minister on the floor of the House and I had also promised to Government to send the necessary proposal to Government shortly.

I, therefore request Government to accord permission in general terms authorising me to post the additional Medical Officers on general duty, as proposed above and approve of the action taken by me and to issue the necessary orders in the matter immediately.

Yours faithfully,

(Sd.) D. V. NADKARNI,  
Director of Medical Services.

### STANDARDISATION OF DISTRICT HEADQUARTERS HOSPITALS.

#### I. Bed Strength—150

##### I. Staff—

|                         |                                 |    |
|-------------------------|---------------------------------|----|
| (A) Medical: 15+12 ..   | (a) Service ..                  | 15 |
|                         | (b) Honoraries ..               | 12 |
| (B) Nursing—23 ..       | (a) Nursing Superintendent ..   | 1  |
|                         | (b) Sisters ..                  | 6  |
|                         | (c) Staff Nurses ..             | 13 |
|                         | (d) Midwives ..                 | 3  |
| (C) *Class IV—103 ..    | (a) Jamadar ..                  | 1  |
|                         | (b) Ward Attendants—(1) Male .. | 27 |
|                         | Female ..                       | 23 |
|                         | (c) Sanitary Staff—(a) Male ..  | 20 |
|                         | (d) Other Staff ..              | 12 |
| (D) Ministerial—10+2 .. | (a) Superiors ..                | 2  |
|                         | (b) Clerical ..                 | 6  |
|                         | (c) Peons ..                    | 2  |

#### III. Departments—14—

- (1) Medical
- (2) Surgical
- (3) Obstetric
- (4) Gynaecology
- (5) E.N.T.
- (6) Ophthalmology
- (7) Dental
- (8) Pathology
- (9) Radiology
- (10) Venereology and Skin
- (11) T.B.
- (12) Leprosy
- (13) Anaesthesia
- (14) Social Service

#### IV. Training Schools—3

- (a) Nursing
- (b) Midwifery
- (c) Compounding.

• (C) *Technical* :—

- |                  |   |
|------------------|---|
| (a) Radiology.   |   |
| (b) Pathology.   | 4 |
| (c) Compounders. |   |

I. *Bed Strength*—

|                    |    |    |     |
|--------------------|----|----|-----|
| Total              | .. | .. | 150 |
| Medical            | .. | .. | 40  |
| Surgical           | .. | .. | 40  |
| Maternity          |    | .. | 30  |
| T.B. and Isolation | .. | .. | 20  |
| Emergency          | .. | .. | 20  |

II. *Staff*—

(A) *Medical Staff*—

- (1) District Surgeon—I/C Profession and Administration.
- (2) R.M.O.—
  - (a) Professional Assistant
  - (b) Emergency Physician and Surgeon.
- (3) Sub-charge—
  - (a) Medico-Legal
  - (b) Certification
  - (c) Administrative Supervision
  - (d) Medical and instruments Stores.
- (4) Emergency Ward—M.O.—I/C Emergency Ward.
- (5) Medical Assistant—I/C Medical Wards.
- (6) Surgical Assistant—I/C Surgical Wards.
- (7) Obstetric and Gynace Assistant—I/C Maternity and Gynaec Wards.
- (8) T.B. Assistant—I/C T.B. and Isolation Wards.
- (9) Specialities Assistant—Help Ophthalmic and Dental.
- (10) Radiology Assistant—I/C Radiology Department.
- (11) Pathology and Blood Bank Assistant—I/C Laboratory and Blood Bank.
- (12) Resident Anaesthetist—I/C Anaesthesia.
- (13) O.P.D. Male Assistant—I/C Male O.P.D.
- (14) O.P.D. Female Assistant—I/C Female O.P.D.
- (15) General Duty Assistant—Relieving

(B) *Honorary Staff*—

- (1) Surgeon.
- (2) Physician.
- (3) Obstetrician and Gynaecologist.
- (4) Ophthalmologist.
- (5) Dentist
- (6) Pathologist
- (7) Radiologist
- (8) Anaesthetist

- (9) T. B. Specialist
- (10) Venereologist and Skin
- (11) Leprosy
- (12) E.N.T.

Total—Whole time—15      Honoraries—12      Total—27.

(C) *Nursing Staff—*

- (1) Matron or Nursing Superintendent.
- (2) Home Sister and Linen Keeper.
- (3) Sister Tutor and Resident Superintendent.
- (4) Theatre Sister.
- (5) O.P.D. Sister.
- (6) Emergency Ward Sister.
- (7) Night Superintendent.

(b) *Nurses—*

- (1) Operation Theatre.
- (2) Emergency Ward.
- (3) Night Nurse.
- (4) Medical Male.
- (5) Medical Female.
- (6) Surgical Female.
- (7) Surgical Male.
- (8) Maternity.
- (9) O.P.D. Male.
- (10) O.P.D. Female.
- (11) Radiology and Pathology.
- (12) Public Receptionist.
- (13) Relieving.

(c) Midwives—Day—2:      Night—1:      Total—3.  
Sisters—7:      Nurses—13:      Midwives—3:      Total—23

(D) *Technical Staff—*

- (1) Radiology Technician.
- (2) Laboratory Technician.
- (3) Compounders—One per hundred of O.P.D.
- (4) Compounders—I/C Medical Stores.

(E) *Class IV Staff—*

- (i) Attendant Jamadar—1.
- (ii) Ward Attendants.

| (a) Male Ward—     |     | Day | Night | Total |
|--------------------|-----|-----|-------|-------|
| Medical            | ... | 3   | 1     | 4     |
| Emergency          | ..  | 3   | 2     | 5     |
| Surgical           | ..  | 3   | 1     | 4     |
| T.B. and Isolation | ..  | 1   | 1     | 2     |



O.P.D.—

|                               |    |    | Day | Night | Total |
|-------------------------------|----|----|-----|-------|-------|
| (a) Male Side                 | .. | .. | 1   |       |       |
| (b) Specialists               | .. | .. | 1   |       |       |
| (c) Injections                | .. | .. | 1   |       |       |
| (d) Stretcher                 | .. | .. | 2   | ..    | 5     |
| Operation Theatre             | .. | .. | ..  | ..    | 2     |
| X-ray                         | .. | .. | ..  | ..    | 1     |
| Pathology Laboratory          | .. | .. | ..  | ..    | 1     |
| Stores                        | .. | .. | ..  | ..    | 1     |
| Compounding                   | .. | .. | ..  | ..    | 1     |
| Public Receptionist Assistant | .. | .. | ..  | ..    | 1     |
| Total                         |    |    |     |       | 27    |

(b) Female Ward—

|                    |    |    | Day | Night | Total |
|--------------------|----|----|-----|-------|-------|
| Emergency          | .. | .. | 2   | 1     | 3     |
| Medical            | .. | .. | 3   | 1     | 4     |
| Surgical           | .. | .. | 3   | 1     | 4     |
| Maternity          | .. | .. | 3   | 1     | 4     |
| T.B. and Isolation | .. | .. | 1   | 1     | 2     |
| O.P.D.—            |    |    |     |       |       |
| (a) Female Side    | .. | .. | 1   |       |       |
| (b) Injections     | .. | .. | 1   |       | 2     |
| Linen              | .. | .. | 1   | ..    | 1     |
| Children Ward      | .. | .. | 2   | 1     | 3     |
| Total              |    |    |     |       | 23    |

III. Sanitary Staff—

(a) Male Ward—

|                         |    |    | Day | Night | Total |
|-------------------------|----|----|-----|-------|-------|
| Emergency               | .. | .. | 2   | 2     | 4     |
| Medical                 | .. | .. | 2   | 1     | 3     |
| Surgical                | .. | .. | 2   | 1     | 3     |
| T.B. and Isolation      | .. | .. | 1   | 1     | 2     |
| O.P.D.—                 |    |    |     |       |       |
| (a) Male Side           | .. | .. | 1   | ..    | ..    |
| (b) Compounding         | .. | .. | 1   | ..    | 2     |
| Operation Theatre       | .. | .. | 2   | 1     | 3     |
| Radiology and Pathology | .. | .. | ..  | ..    | 1     |
| Compound duty           | .. | .. | ..  | ..    | 1     |
| Post-Mortem             | .. | .. | ..  | ..    | 1     |
| Total                   |    |    |     |       | 20    |

| <i>Female Ward—</i> |    |    | <i>Day</i> | <i>Night</i> | <i>Total</i> |
|---------------------|----|----|------------|--------------|--------------|
| Emergency           | .. | .. | 2          | 2            | 4            |
| Medical             | .. | .. | 2          | 1            | 3            |
| Surgical            | .. | .. | 2          | 1            | 3            |
| Maternity           | .. | .. | 2          | 1            | 3            |
| Children            | .. | .. | 2          | 1            | 3            |
| T.B. and Isolation  | .. | .. | 1          | 1            | 2            |

*Ward—**O.P.D.—*

|                 |    |    |    |              |           |
|-----------------|----|----|----|--------------|-----------|
| (a) Female Side | .. | .. | .. | 1            |           |
| (b) Injections  | .. | .. | .. | 1            | 2         |
|                 |    |    |    | <i>Total</i> | <i>20</i> |

*Total—*

|                      |    |    |    |    |            |
|----------------------|----|----|----|----|------------|
| (1) Jamadar          | .. | .. | .. | 1  |            |
| (2) Ward Attendants— |    |    |    |    |            |
| (a) Male             | .. | .. | .. | 27 |            |
| (b) Female           | .. | .. | .. | 23 |            |
| (3) Sanitary Staff—  |    |    |    |    |            |
| (a) Male             | .. | .. | .. | 20 |            |
| (b) Female           | .. | .. | .. | 20 |            |
| (4) Other Staff      | .. | .. | .. | 12 |            |
| <i>Grand Total</i>   |    |    |    | .. | <i>103</i> |

*(F) Ministerial Staff—**I. Office—*

- (1) Head Clerk. 1
- (2) Manager—Steward and Accountant. 1
- (3) Typist 2
- (4) Clerk 4
- (5) Peons 2

*II. Stores; Linen and O.P.D. Clerks—*

- (a) Stores and Male O.P.D. Male 1
- (b) Linen and Female O.P.D. Female 1.

*Total—*

|            |   |
|------------|---|
| Head Clerk | 1 |
| Manager    | 1 |
| Typists    | 2 |
| Clerks     | 6 |
| Peons      | 2 |

### III. Teaching Institutions—

#### (A) School of Nursing—

##### (1) Teaching Staff—

(a) Sister Tutor ..

(b) Lecturers, ..

##### (2) Probationers—30.

##### (3) Establishment staff—

(1) Sister Tutor and Superintendent.

(2) Cook with mate .. 2

(3) Maid Servants .. 2

(4) Peons .. 2

(a) Watchman.

(b) Barber, etc.

#### (B) School of Midwifery—

Probationers .. 10

#### (C) School of Compounding—

Probationers .. One per hundred O.P.D.

### STANDARDISATION OF COTTAGE HOSPITALS.

#### I. Bed Strength—60.

Medical .. 20

Surgical .. 20

Maternity .. 20

#### II. Staff—

##### (A) Medical—

(1) Service .. (1) Medical Officer I/C Assistant Gr. I

(2) Male Assistant .. II

(3) Female Assistant .. II

(4) General Duty Assistant .. II

(2) Honorary, any available speciality.

##### (B) Nursing—6.

(1) Sister .. 1

(2) Staff Nurses .. 2 (Medical; surgical wards)

(3) Staff Nurse .. 1 (O.P.D.)

(4) Midwives .. 2 (Maternity).

##### (C) Ministerial—2+1.

(1) Senior Clerk and Steward.

(2) Clerk-cum-Typist.

(3) Peon.

(D) *Class IV—*

|                     |    |                      |    |    |
|---------------------|----|----------------------|----|----|
| (a) Ward Attendants | .. | (1) Male             | .. | 10 |
|                     |    | (2) Female           | .. | 6  |
| (b) Sanitary        | .. | (a) Male             | .. | 5  |
|                     |    | (b) Female           | .. | 3  |
| (c) Other           | .. | (1) Mali             |    |    |
|                     |    | (2) Cook             |    |    |
|                     |    | (3) Washerman        |    |    |
|                     |    | (4) Ambulance Driver |    |    |
|                     |    | (5) Waterman         |    |    |
|                     |    | (6) Night Watchman.  |    |    |

(E) *Technical—4.*

- (1) Radiology Technician.
- (2) Laboratory Technician.
- (3) Compounders—2.

## STANDARDISATION OF MEDICAL STAFF OF CITY HOSPITALS.

## UNIT SYSTEM.

| <i>Unit</i> |    | <i>Staff</i>                   | <i>Grade</i>                       | <i>No.</i> |
|-------------|----|--------------------------------|------------------------------------|------------|
| Medical     | .. | (1) Physician                  | .. Surgeon                         | ..         |
|             |    | (2) Assistant Physician        | .. Assistant Surgeon<br>Grade I.   | ..         |
|             |    | (3) House Physician            | .. Assistant Surgeon<br>Grade II.  | ..         |
|             |    | (4) Assistant House Physician. | .. Assistant Surgeon<br>Grade III. | ..         |
| Surgical    | .. | (1) Surgeon                    | .. Surgeon                         | ..         |
|             |    | (2) Assistant Surgeon          | .. Assistant Surgeon<br>Grade I.   | ..         |
|             |    | (3) House Surgeon              | .. Assistant Surgeon<br>Grade II.  | ..         |
|             |    | (4) Assistant House Surgeon    | .. Assistant Surgeon<br>Grade III. | ..         |
| Obstetric   | .. | (1) Surgeon                    | .. Surgeon                         | ..         |
|             |    | (2) Assistant Surgeon          | .. Assistant Surgeon<br>Grade I.   | ..         |
|             |    | (3) House Surgeon              | .. Assistant Surgeon<br>Grade II.  | ..         |
|             |    | (4) Assistant House Surgeon    | .. Assistant Surgeon<br>Grade III. | ..         |
| Gynaec      | .. | (1) Surgeon                    | .. Surgeon                         | ..         |
|             |    | (2) Assistant Surgeon          | .. Assistant Surgeon<br>Grade I.   | ..         |
|             |    | (3) House Surgeon              | .. Assistant Surgeon<br>Grade II.  | ..         |
|             |    | (4) Assistant House Surgeon    | .. Assistant Surgeon<br>Grade III. | ..         |

| <i>Unit</i>   |    | <i>Staff</i>                          |    | <i>Grade</i>                    | <i>No.</i> |
|---------------|----|---------------------------------------|----|---------------------------------|------------|
| Pediatric     | .. | (1) Physician                         | .. | Surgeon                         | ..         |
|               |    | (2) Assistant Physician               | .. | Assistant Surgeon<br>Grade I.   | ..         |
|               |    | (3) House Physician                   | .. | Assistant Surgeon<br>Grade II.  | ..         |
|               |    | (4) Assistant House<br>Physician      | .. | Assistant Surgeon<br>Grade III. | ..         |
| E.N.T.        | .. | (1) Surgeon                           | .. | Surgeon                         | ..         |
|               |    | (2) Assistant Surgeon                 | .. | Assistant Surgeon<br>Grade I.   | ..         |
|               |    | (3) House Surgeon                     | .. | Assistant Surgeon<br>Grade II.  | ..         |
|               |    | (4) Assistant House<br>Surgeon        | .. | Assistant Surgeon<br>Grade III. | ..         |
| Ophthalmology |    | (1) Surgeon                           | .. | Surgeon                         | ..         |
|               |    | (2) Assistant Surgeon                 | .. | Assistant Surgeon<br>Grade I.   | ..         |
|               |    | (3) House Surgeon                     | .. | Assistant Surgeon<br>Grade II.  | ..         |
|               |    | (4) Assistant House Surgeon           | .. | Assistant Surgeon<br>Grade III. | ..         |
| Dental        | .. | (1) Dentist                           | .. | Surgeon                         | ..         |
|               |    | (2) Assistant Dentist                 | .. | Assistant Surgeon<br>Grade II.  | ..         |
|               |    | (3) House Dentist (House<br>Surgeon). | .. | Assistant Surgeon<br>Grade III. | ..         |
| Orthopaedics  | .. | (1) Surgeon                           | .. | Surgeon                         | ..         |
|               |    | (2) Assistant Surgeon                 | .. | Assistant Surgeon<br>Grade I.   | ..         |
|               |    | (3) House Surgeon                     | .. | Assistant Surgeon<br>Grade II.  | ..         |
|               |    | (4) Assistant House<br>Surgeon.       | .. | Assistant Surgeon<br>Grade III. | ..         |
| Radiology     | .. | (1) Radiologist                       | .. | Surgeon                         | ..         |
|               |    | (2) Assistant Radiologist             | .. | Assistant Surgeon<br>Grade I.   | ..         |
|               |    | (3) House Radiologist                 | .. | Assistant Surgeon<br>Grade II.  | ..         |
|               |    | (4) Assistant House Radio-<br>logist. | .. | Assistant Surgeon<br>Grade III. | ..         |
| Pathology     | .. | (1) Pathologist                       | .. | Surgeon                         | ..         |
|               |    | (2) Assistant Pathologist             | .. | Assistant Surgeon<br>Grade I.   | ..         |
|               |    | (3) Res. Pathologist                  | .. | Assistant Surgeon<br>Grade II.  | ..         |
|               |    | Assistant Res.<br>Pathologist         | .. | Assistant Surgeon<br>Grade III. | ..         |

| <i>Unit</i>                        | <i>Staff</i>                    | <i>Grade</i>                    | <i>No.</i> |
|------------------------------------|---------------------------------|---------------------------------|------------|
| Anesthesia ..                      | (1) Anesthetist ..              | Surgeon                         | ..         |
|                                    | (2) Res. Anesthetist ..         | Assistant Surgeon<br>Grade I.   | 3          |
|                                    | (3) Assistant Anaesthetist      | Assistant Surgeon<br>Grade II.  | 3          |
| Physiotherapy                      | (1) Physiotherapist ..          | Surgeon                         | ..         |
|                                    | (2) Assistant Physiotherapist.  | Assistant Surgeon<br>Grade II.  | ..         |
|                                    | (3) House Physiotherapist       | Assistant Surgeon<br>Grade III. | ..         |
| Veneriology ..                     | (1) Assistant Veneriologist     | Assistant Surgeon<br>Grade I.   | ..         |
|                                    | (2) House Veneriologist ..      | Assistant Surgeon<br>Grade III. | ..         |
| Casualty ..                        | (1) R.M.O. ..                   | Assistant Surgeon<br>Grade I.   | ..         |
|                                    | (2) Casualty Officer ..         | Assistant Surgeon<br>Grade II.  | 6          |
| Emergency ..                       | (1) M. Officer I/C ..           | Assistant Surgeon<br>Grade I.   | ..         |
|                                    | (2) House Surgeon ..            | Assistant Surgeon<br>Grade II.  | ..         |
|                                    | (3) Assistant House Surgeon.    | Assistant Surgeon<br>Grade III. | ..         |
| Blood Bank ..                      | (1) Medical Officer I/C ..      | Assistant Surgeon<br>Grade I.   | ..         |
|                                    | (2) Assistant Medical Officer.  | Assistant Surgeon<br>Grade II.  | ..         |
|                                    | (3) House Surgeon ..            | Assistant Surgeon<br>Grade III. | ..         |
| Supervisory and Statistical Staff. | (1) Medical Registrar ..        | Assistant Surgeon<br>Grade I.   | ..         |
|                                    | (2) Surgical Registrar ..       | Assistant Surgeon<br>Grade I.   | ..         |
|                                    | (3) Obs. and Gynaec. Registrar. | Assistant Surgeon<br>Grade I.   | ..         |
|                                    | (4) Ophthalmic Registrar        | Assistant Surgeon<br>Grade I.   | ..         |
| Administrative Staff               | (1) Superintendent ..           | Surgeon                         | ..         |
|                                    | (2) Assistant Superintendent.   | Assistant Surgeon<br>Grade I.   | ..         |
| Surgery Unit ..                    |                                 | 50 Beds.                        |            |
| Medical Unit ..                    |                                 | 75 Beds.                        |            |
| Maternity Unit ..                  |                                 | 100 Beds.                       |            |
| Ophthalmic ..                      |                                 | 100 Beds.                       |            |

## APPENDIX 8.

## DIRECTORATE GENERAL OF HEALTH SERVICES.

Sub.—Secretaries' Standing Committee on Welfare Standards—  
Meeting of the Sub-Committee (Medical).

The following standards of medical facilities in so far as dispensaries and hospitals are concerned are proposed on population basis:—

*Dispensaries.*

1. (a) Where the total population catered for is less than 1,000, we do not consider it necessary to have a static dispensary for that area, but the employees should be attached to the local hospitals *viz.*, Municipal, Government or even private hospitals and a suitable Grant-in-aid may be given to that institution by the Government.

(b) In case where such arrangement cannot be made, arrangements should be made to provide a mobile van which can cover more than one such area for fixed hours. The staff considered necessary for a mobile dispensary is given in Annexure "A".

2. For a population of 1,000 or more one dispensary is required. The staff required for a dispensary catering to population up to 2,500 is given in Annexure "B". The staff required for a dispensary for population ranging between 2,500 to 10,000. is given in Annexure "C".

3. For population more than 10,000 additional dispensaries may be required according to the number of people in that area.

*Hospitals.*

For population of 5,000 or more a 20 bedded hospital would be needed. If it is possible to get these beds on payment in a local hospital (private, local body or Government) this would be more economical and efficient. Otherwise a separate hospital has to be built. Below that 2 to 4 emergency beds per 1,000 population may be provided in every dispensary. The estimated cost of construction and maintenance of 20 bedded hospital with estimate of staff is given in Annexure "D".

For population over 10,000 and up to 25,000 a 50 bedded hospital is needed. The estimated cost of construction and maintenance of 50 bedded hospital with estimate of staff is given in Annexure "E".

For population over 25,000 and up to 50,000, a 100 bedded hospital is needed. The estimated cost of construction and maintenance of a 100 bedded hospital with estimates of staff is given in Annexure "F".



For population ranging between 50,000 and 1,00,000, 250 bedded hospital is needed. The estimated cost of construction and maintenance of 250 bedded hospital with estimates of staff is given in Annexure "G".

For population of 1,00,000 and above 300 bedded hospital capable of expansion of 500 beds is needed. The estimated cost of construction and maintenance of 500 bedded hospital with estimates of staff is given in Annexure "H".

We should also provide a Maternity and Child Welfare Centre and Family Planning Centre at suitable places, and these centres should be administratively controlled by the local hospital authority. They may both be combined. The estimates of staff for a Maternity and Child Welfare Centre are given in Annexure "J". The estimates of staff for the Family Planning Centre are given in Annexure "K".

In a hospital serving a total population of 10,000 and above, a Dental Centre should be provided. The estimates of staff for the Dental Centre are given in Annexure "L".

As regards rehabilitation and training of the handicapped workers from these areas, one such centre should be attached to the general hospital where one is provided.

(Sd.) V. Srinivasan,  
Lieut. Colonel.

For Director General of Health Services.

*Ministry of Labour and Employment (Shri H. C. Kuppaswami)*

D.G.H.S. U.O. No. 12—11—58-MI, dated the 25th April 1958.

#### ANNEXURE "A"

##### MOBILE DISPENSARY.

| <i>Staff</i>                        | <i>No. of posts</i> | <i>Scale</i>                                             |
|-------------------------------------|---------------------|----------------------------------------------------------|
| 1. Assistant Surgeon<br>Grade I.    | 1                   | Rs. 260—15—440—20—500 plus<br>NPA at 25 per cent of pay. |
| 2. Compounder                       | 1                   | Rs. 60—3—81—EB—4—125—5<br>130.                           |
| 3. Dresser (or Nursing<br>Orderly). | 1                   | Rs. 40—1—50—2—60.                                        |
| 4. Driver                           | 1                   | Rs. 60—5, 2—75.                                          |
| 5. Cleaner-cum-attendant            | 1                   | Rs. 30— $\frac{1}{2}$ —35.                               |

## ANNEXURE "B"

| Staff                         | No. of posts | Scale of pay                                          |
|-------------------------------|--------------|-------------------------------------------------------|
| 1. Assistant Surgeon Grade I. | 1            | Rs. 260—15—440—20—500 plus NPA at 25 per cent of pay. |
| 2. Nurse ..                   | 1            | Rs. 100—5—125—6—185.                                  |
| 3. Compounder-cum-clerk       | 1            | Rs. 60—3—81—EB—4—125—5—130                            |
| 4. Dresser ..                 | 1            | Rs. 40—1—50—2—60.                                     |
| 5. Class IV Servants ..       | 1            | Rs. 30— $\frac{1}{2}$ —35.                            |

## ANNEXURE "C"

Scale of staff of dispensary for population ranging from 2,500 to 4,500, 4,500 to 6,000, 6,000 to 8,000 and 8,000 to 9,500 and 9,500 to 10,000.

| Range                                                                | 2,500        | 2,500 | 4,500 | 6,000 | 8,000  | 9,500  |
|----------------------------------------------------------------------|--------------|-------|-------|-------|--------|--------|
|                                                                      | 4,500        | 6,000 | 8,000 | 9,500 | 10,000 |        |
| Average No.                                                          | 1,750        | 3,500 | 5,250 | 7,000 | 8,750  | 10,000 |
| Name of post                                                         | Scale of pay |       |       |       |        |        |
| Medical Officers Grade I—Rs. 250—500 with NPA at 25 per cent of pay. | 1            | 1     | 1     | 2     | 2      | 3      |
| Grade II—Rs. 120—300 with NPA at 25 per cent of pay.                 | ..           | 1     | 2     | 2     | 3      | 3      |
| Nurses—Rs. 100—185                                                   | 1            | 1     | 1     | 2     | 2      | 3      |
| Clerks—Rs. 60—130                                                    | 1            | 2     | 2     | 3     | 3      | 4      |
| Compounders—Rs. 60—130                                               | 1            | 2     | 3     | 4     | 4      | 5      |
| Laboratory Technician—Rs. 80—220.                                    | ..           | 1     | 1     | 1     | 1      | 1      |
| Dressers—Rs. 40—60                                                   | 1            | 1     | 2     | 2     | 3      | 3      |
| Class IV Servants—Rs. 30— $\frac{1}{2}$ —35.                         | 2            | 2     | 4     | 5     | 6      | 7      |

## ANNEXURE "D"

Estimate of the cost of construction and maintenance of a 20 bedded hospital.

|                                                                                               |                 |
|-----------------------------------------------------------------------------------------------|-----------------|
| I. (a) Non-recurring Buildings—                                                               | Rs.             |
| Including O. P. D. etc., at Rs. 10,000 per bed for 20 beds excluding the cost of lands.       | 2,00,000        |
| Residential accommodation for 5 Nurses at Rs. 3,500 per nurse plus 10 per cent for furniture. | 19,205          |
| Residential accommodation for minimum staff required to stay on the premises—                 |                 |
| 1. Senior staff quarters at Rs. 32,000                                                        | .. 32,000       |
| 1. Quarters for compounder                                                                    | .. 8,000        |
| (b) Equipment at Rs. 1,000 per bed                                                            | .. 20,000       |
| Total non-recurring ...                                                                       | <u>2,79,250</u> |

| II. Recurring per annum —                                  |  | Rs.           |
|------------------------------------------------------------|--|---------------|
| Pay and allowance of the staff (List of staff attached) .. |  | 39,000        |
| Medicines and patients' diet ..                            |  | 14,000        |
| Sundries ..                                                |  | 5,000         |
| Total recurring ..                                         |  | <u>58,000</u> |

## ESTIMATES OF STAFF FOR A 20 BEDDED HOSPITAL.

| <i>Name of post</i>                   | <i>No.<br/>of<br/>post</i> | <i>Scale of pay</i>                                                      | <i>Estimated<br/>amount of<br/>expenditure</i> |
|---------------------------------------|----------------------------|--------------------------------------------------------------------------|------------------------------------------------|
|                                       |                            |                                                                          | Rs.                                            |
| 1. Medical ..                         | 1                          | Rs. 260—15—440—20—500<br>plus NPA at 25 per cent of<br>pay.              | 5,100                                          |
| 2. Lady Medical<br>Officer (L.M.P.)   | 1                          | Rs. 260—15—440—20—500<br>plus NPA at 25 per cent of<br>pay.              | 5,100                                          |
| 3. Sister in charge ..                | 1                          | Rs. 200—10—300 plus Rs. 15<br>Dhobi and uniform<br>allowances.           | 3,300                                          |
| 4. Staff Nurses ..                    | 4                          | Rs. 100—5—125—6—185 plus<br>Rs. 15 p.m. Dhobi and<br>Uniform allowances. | 7,920                                          |
| 5. Compounders ..                     | 2                          | Rs. 60—3—81—EB—4—125—<br>5—130.                                          | 2,520                                          |
| 6. Clerk-cum-Store-<br>keeper.        | 1                          | Rs. 60—3—81—EB—4—125—<br>5—130 plus Rs. 20 p.m.<br>for doing store work. | 1,500                                          |
| 7. Lab. Technician .                  | 1                          | Rs. 60—4—120                                                             | 1,320                                          |
| 8. Radiographers ..                   | 1                          | Rs. 60—5/2—75—3—105                                                      | 1,320                                          |
| 9. Ward Boys ..                       | 2                          | Rs. 30— $\frac{1}{2}$ —35                                                | 1,680                                          |
| 10. Cooks ..                          | 1                          | Rs. 30—2—50                                                              | 840                                            |
| 11. Sweeper (2 male<br>and 1 female). | 3                          | Rs. 30— $\frac{1}{2}$ —35                                                | 2,520                                          |
| 12. Dhobi ..                          | 1                          | Rs. 40—2—60                                                              | 960                                            |
| 13. Mali ..                           | 1                          | Rs. 30— $\frac{1}{2}$ —35                                                | 840                                            |
| 14. Chowkidars ..                     | 2                          | Rs. 30— $\frac{1}{2}$ —35                                                | 1,680                                          |
| 15. Ayah ..                           | 2                          | Rs. 30— $\frac{1}{2}$ —35                                                | 840                                            |
|                                       |                            |                                                                          | <u>39,120</u>                                  |
|                                       |                            |                                                                          | or say .. 39,000                               |

N.B.—D. A. is included in the above estimated figures.

## ANNEXURE "E"

Estimated cost of construction and maintenance of a 50 bedded hospital.

| I. Non-recurring.                                                                     |    | Rs.      |
|---------------------------------------------------------------------------------------|----|----------|
| (a) Buildings                                                                         | .. | 5,00,000 |
| (including O.P.D., etc., at Rs. 10,000 per bed for 50 beds, excluding land).          |    |          |
| Residential accommodation for 11 Nurses at Rs. 3,500 per head plus 10% for furniture. |    | 42,350   |
| Residential accommodation for minimum staff required to stay on the premises—         |    |          |
| 2 Senior Staff Quarters at Rs. 32,000                                                 | .. | 64,000   |
| 1 Quarter for the Compounder                                                          | .. | 8,000    |
| (b) Equipment at Rs. 1,000 per bed                                                    | .. | 50,000   |
| Total non-recurring                                                                   | .. | 6,64,350 |

| II. Recurring per annum.                                 |    | Rs.      |
|----------------------------------------------------------|----|----------|
| Pay and Allowances of the Staff (list of staff attached) | .. | 70,000   |
| Medicines and patients' diet Sundries                    | .. | 13,000   |
| Total recurring per annum                                | .. | 1,18,000 |

## ESTIMATES OF STAFF FOR A HOSPITAL WITH 50 BEDS.

| Name of posts             | No. of post | Scale of pay                                                      | Estimated amount expenditure |
|---------------------------|-------------|-------------------------------------------------------------------|------------------------------|
|                           |             |                                                                   | Rs.                          |
| 1 Medical Officer ..      | 2           | Rs. 260—15—440—20—500 plus N.P.A. at 25% of pay ..                | 10,000                       |
| 2 Lady Medical Officer    | 1           | Rs. 260—15—440—20—500 plus N.P.A. at 25% of pay ..                | 5,100                        |
| 3 Sister-in-charge ..     | 1           | Rs. 200—10—300 plus Rs. 15 Dhobi and Uniform allowances           | 3,300                        |
| 4 Staff Nurss ..          | 10          | Rs. 100—5—125—6—185 plus Rs. 15 p.m. Dhobi and Uniform Allowances | 21,780                       |
| 5 Compounders ..          | 3           | Rs. 60—3—81—EB—4—125—5—130 plus Rs. 20 p.m. for doing Store-work  | 3,780                        |
| 6 Clerk-cum-Store-keeper. | 1           | Rs. 60—3—81—EB—4—125—5—130 plus Rs. 20 p.m. for doing store-work  | 1,500                        |
| 7 Lab. Technician ..      | 1           | Rs. 60—4—120                                                      | 1,320                        |

| <i>Name of posts</i>                  | <i>No.<br/>of<br/>post</i> | <i>Scale of pay</i>       | <i>Estimated<br/>amount<br/>expenditure</i> |
|---------------------------------------|----------------------------|---------------------------|---------------------------------------------|
|                                       |                            |                           | <i>Rs.</i>                                  |
| 8 Radiographer ..                     | 1                          | Rs. 60—5/2—75—3—105       | .. 1,320                                    |
| 9 Driver ..                           | 1                          | Rs. 60—5/2—75             | .. 1,320                                    |
| 10 Ward Boys ..                       | 4                          | Rs. 30— $\frac{1}{2}$ —35 | .. 3,360                                    |
| 11 Cooks ..                           | 2                          | Rs. 30—2—50               | .. 1,680                                    |
| 12 Dhobi ..                           | 2                          | Rs. 40—2—50               | .. 1,920                                    |
| 13 Sweepers (2 Male<br>and 1 female). | 3                          | Rs. 30— $\frac{1}{2}$ —35 | .. 2,520                                    |
| 14 Mali ..                            | 1                          | Rs. 30— $\frac{1}{2}$ —35 | .. 840                                      |
| 15 Cleaner ..                         | 1                          | Rs. 30— $\frac{1}{2}$ —35 | .. 840                                      |
| 16 Chowkidars ..                      | 2                          | Rs. 30— $\frac{1}{2}$ —35 | .. 1,680                                    |
| 17 Ayah ..                            | 5                          | Rs. 30— $\frac{1}{2}$ —35 | .. 4,500                                    |
| 18 Peon ..                            | 3                          | Rs. 30— $\frac{1}{2}$ —35 | .. 2,520                                    |
| Say                                   |                            |                           | .. 70,000                                   |

*N.B.*—Dearness allowance is included in the above estimated figures.

#### ESTIMATED COST OF A 100 BEDDED HOSPITAL "F".

|                                                                                                                                               |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|
|                                                                                                                                               | <i>Rs.</i> |
| Hospital Building (including Administrative Block,<br>X-rya Laboratory, Garage, Laundry, Mortuary, etc.,<br>excluding the cost of land) .. .. | 12,00,000  |
| Residential Accommodation for minimum medical and<br>other staff required to stay on the premises. ..                                         | 3,00,000   |
| Residential accommodation for 28 Nurses at Rs. 3,500<br>per head plus 10% for furniture .. ..                                                 | 1,07,800   |
| Equipment—Instruments, appliances, etc. .. ..                                                                                                 | 1,00,000   |
| Furniture, bedding, clothing, etc. .. ..                                                                                                      | 40,000     |
| Total non-recurring                                                                                                                           | 17,47,800  |

#### *Recurring expenditure—per annum.*

|                                                                                           |            |
|-------------------------------------------------------------------------------------------|------------|
|                                                                                           | <i>Rs.</i> |
| Pay and allowances of the medical and nursing staff<br>(list of the staff attached) .. .. | 1,60,000   |
| Medicines and sundries .. ..                                                              | 75,000     |
| Patients' diet .. ..                                                                      | 48,000     |
| Total recurring per annum say 3 lakhs ..                                                  | 2,83,000   |

## STAFF SUGGESTED FOR A 100 BEDDED HOSPITAL.

1. *Administrative.*

|                                                    |   |                                                  |
|----------------------------------------------------|---|--------------------------------------------------|
| Medical Superintendent                             | 1 | Rs. 600—40—1000—50, 2—1150                       |
| Assistant Surgeon Grade I                          | 1 | Rs. 260—15—440—20—500 plus<br>NPA at 25% of pay. |
| Assistant Surgeon Grade I<br>(Anaesthesia).        | 1 | do                                               |
| Assistant Surgeon Grade I<br>(Physician).          | 1 | do                                               |
| Assistant Surgeon Grade I<br>(Clinical Pathology). | 1 | do                                               |

2. *X-ray staff—*

|                               |    |                                                  |
|-------------------------------|----|--------------------------------------------------|
| Assistant Surgeon Grade I     | .. | Rs. 260—15—440—20—500 plus<br>NPA at 25% of pay. |
| X-ray Technician or Assistant | 1  | Rs. 60—5/2—75—3—105                              |

3. *Nursing Staff—*

|                                              |    |    |                                                                |
|----------------------------------------------|----|----|----------------------------------------------------------------|
| Sister in-charge                             | .. | 1  | Rs. 200—10—300                                                 |
| Home Sister                                  | .. | 1  | Rs. 250—7—185—8—225                                            |
| Night Sister                                 | .. | 1  | do                                                             |
| Theatre Sister                               | .. | 1  | do                                                             |
| Ward Sister                                  | .. | 4  | (Including for labour ward and<br>and out-patient Department). |
| Staff Nurses (with mid-<br>wifery training). |    | 16 | Rs. 100—5—125—6—185                                            |
| Male Nurses                                  | .. | 4  | Rs. 55—3—85—4—105                                              |

4. *Compounders/Dispensers—*

|                         |    |                                   |
|-------------------------|----|-----------------------------------|
| Steward                 | .. | Rs. 60—3—81—EB—4—125—5—130.       |
|                         | 1  | Rs. 80—5—120—EB—200—10/2<br>—220. |
| Laboratory Assistants   | .. | 1 Rs. 60—4—120                    |
| Nursing Orderlies       | .. | 15 Rs. 40—1—50—2—60               |
| Ward Boys or Servants.. | 4  | Rs. 30—1—35                       |

5. *Dental Staff—*

|                                        |   |                                                     |
|----------------------------------------|---|-----------------------------------------------------|
| Assistant Surgeon Grade I<br>(Dental). | 1 | Rs. 260—15—440—20—500 plus<br>N.P.A. at 25% of pay. |
| Dental Hygienist                       | 1 | Rs. 100—5—150                                       |

6. *Ministerial and other staff—*

|                           |    |   |                                                         |
|---------------------------|----|---|---------------------------------------------------------|
| Head Clerk                | .. | 1 | Rs. 160—10—250                                          |
| Cashier                   | .. | 1 | Rs. 60—3—81—EB—4—120—<br>5—130 plus Special pay Rs. 20. |
| Clerks (including typist) |    | 3 | Rs. 60—3—81—EB—4—125—<br>5—130.                         |
| Diet Store-keepers        | .. | 1 | do                                                      |
| *Medical Store-keeper     | .. | 1 | do                                                      |

|                       |    |   |                           |
|-----------------------|----|---|---------------------------|
| Ambulance Drivers     | .. | 2 | Rs. 60—5/2—75             |
| Chokidars             | .. | 4 | Rs. 30— $\frac{1}{2}$ —35 |
| Peons                 | .. | 2 | do                        |
| Sweepers              | .. | 8 | do                        |
| Cooks                 | .. | 4 | do                        |
| Masalchies            | .. | 2 | do                        |
| Kaharas               | .. | 4 | do                        |
| Mali                  | .. | 3 | do                        |
| *General Store-keeper | .. | 1 | Rs. 60—3—81-EB-125—5—130  |

## ANNEXURE "G"

Statement showing the estimated cost of construction, equipment and maintenance of a 250 bedded hospital.

*Non-recurring expenditure :*

## Building—

|                                                                                                                                        | Rs.       |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. Hospital Buildings (including Administration Block, O. P. D., X-ray Laboratory, Garage, Laundry, Mortuary, etc. Rs. 12,000 per bed. | 30,00,000 |

## 2. Nurses' Home—

|                                                                                                             |          |
|-------------------------------------------------------------------------------------------------------------|----------|
| Residential accommodation for 54 Nurses at Rs. 3,500 per head <i>plus</i> cost of furniture at 10 per cent. | 1,89,000 |
|-------------------------------------------------------------------------------------------------------------|----------|

|                                                                                      |        |
|--------------------------------------------------------------------------------------|--------|
| 3. Residential accommodation for the minimum staff required to stay on the premises. | 18,900 |
|--------------------------------------------------------------------------------------|--------|

|                                                           | Rs.      |          |
|-----------------------------------------------------------|----------|----------|
| (i) 2 Senior Staff Quarters at Rs. 32,000 each quarter.   | 64,000   | ..       |
| (ii) 3 Quarters for Medical Officers at Rs. 21,000.       | 63,000   | ..       |
| (iii) 5 Quarters for Registrars at Rs. 12,000 each.       | 60,000   | ..       |
| (iv) 10 Quarters for House Surgeons at Rs. 5,000 each.    | 50,000   | ..       |
| (v) Quarters for—                                         |          |          |
| Storekeeper .. 1                                          |          | ..       |
| O. R. A. .. 1                                             |          | ..       |
| Laboratory .. 1                                           |          | ..       |
| Technician .. 1                                           |          | ..       |
| Radiographer .. 1                                         |          | ..       |
| Dispensaries .. 4                                         |          | ..       |
| at Rs. 6,500 each ..                                      | 52,000   | ..       |
| (vi) 74 Quarters for Class IV Servants at Rs. 3,200 each. | 2,36,800 | 5,25,800 |

## (b) Equipment—

|                                                                |              |
|----------------------------------------------------------------|--------------|
| at Rs. 1,200 per bed (as per details given in annexure ('A')). | 3,00,000     |
| Total non-recurring                                            | .. 40,33,700 |

*Recurring expenditure:*

250 beds at Rs. 3,000 per bed per annum.  
(details of staff given in Annexure 'G')

250-bedded hospital.

Distribution of beds.

|                                              |    |    |    | <i>No. of beds</i> |
|----------------------------------------------|----|----|----|--------------------|
| 1. Officers and females                      | .. | .. | .. | 18                 |
| 2. Medical General—Male                      | .. | .. | .. | 50                 |
| 3. Medical General—Female                    | .. | .. | .. | 25                 |
| 4. Diarrhoea and Dysentry                    | .. | .. | .. | 10                 |
| 5. Diptheria and Small-pox                   | .. | .. | .. | 5                  |
| 6. Isolation, Mumps, Measles and Chicken-Pox | .. | .. | .. | 10                 |
| Total                                        | .. | .. | .. | 118                |

## SURGICAL GENERAL.

|                    |    |    |    |     |
|--------------------|----|----|----|-----|
| 7. Surgical male   | .. | .. | .. | 50  |
| 8. Surgical female | .. | .. | .. | 20  |
| 9. Fractures       | .. | .. | .. | 10  |
| 10. E. N. T.       | .. | .. | .. | 10  |
| 11. Eye            | .. | .. | .. | 10  |
| Total              | .. | .. | .. | 100 |
| 12. Maternity      | .. | .. | .. | 10  |
| 13. Gynaecological | .. | .. | .. | 12  |
| 14. Children       | .. | .. | .. | 10  |
| Total              | .. | .. | .. | 32  |
| Grand total        | .. | .. | .. | 250 |



## ANNEXURE "G"

Estimated cost on equipment for a 250 bedded Hospital.

|                                                                        |    |    |    | (in lakhs of Rs.)    |
|------------------------------------------------------------------------|----|----|----|----------------------|
| Medical Equipment for a 250 bedded hospital                            | .. | .. | .. | 1.00                 |
| X-ray                                                                  | .. | .. | .. | 0.65                 |
| Laboratory                                                             | .. | .. | .. | 0.20                 |
| E. N. T.                                                               | .. | .. | .. | 0.10                 |
| Eye                                                                    | .. | .. | .. | 0.10                 |
| Dental Surgery (1 chair)                                               | .. | .. | .. | 0.20                 |
| Families wing                                                          | .. | .. | .. | 0.05                 |
| Furniture, beds, side-tables etc.                                      | .. | .. | .. | 0.05                 |
| Refrigerators, Miscellaneous                                           | .. | .. | .. | 0.20                 |
| Total                                                                  |    |    |    | 3.00 Lakhs           |
| <i>Recurring expenditure—per annum—</i>                                |    |    |    | <i>Rs. per annum</i> |
| Salaries and allowances of the staff                                   | .. | .. | .. | 4.75 lakhs           |
| Diet of patients at Re. 1 per diem per patient                         | .. | .. | .. | 0.90 "               |
| Drugs and Dressing at Rs. 1-4-0 per day patient                        | .. | .. | .. | 1.12 "               |
| Heating, lighting and other services at Re. 0-8-0 per day per patient. | .. | .. | .. | 0.45 "               |
| Replacement of equipment and miscellaneous                             | .. | .. | .. | 0.28 "               |
|                                                                        |    |    |    | 7.50 "               |

i.e. Rs. 3,000 per bed annum recurring.

## ANNEXURE "G"

STAFF FOR A 250 BEDDED HOSPITAL.

| Name of the post                       | No. | Scale                                               |
|----------------------------------------|-----|-----------------------------------------------------|
| Surgeons .. ..                         | 2   | Rs. 350—30—380—30—590—<br>—EB—30—770—40—850.        |
| (One with experience of Orthopaedics). |     |                                                     |
| (One with experience of Pediatrics).   |     |                                                     |
| Physicians .. ..                       | 2   | do                                                  |
| Obstetrician an Gynaecologist          | 1   | do                                                  |
| Dental Surgeon .. ..                   | 1   | do                                                  |
| Anaesthetist .. ..                     | 1   | do                                                  |
| Pathologist .. ..                      | 1   | do                                                  |
| Radiologist .. ..                      | 1   | do                                                  |
| Biochemistry .. ..                     | 1   | do                                                  |
| Registrars .. ..                       | 5   | Rs. 260—15—440—20—500<br>with N.P.A. at 25% of pay. |
| (Surgical—2                            |     |                                                     |
| Medical—2                              |     |                                                     |
| Obstetrics and Gynaecological 1)       |     |                                                     |
| Casualty Officers .. ..                | 3   | do                                                  |

| <i>Name of the post</i>                            | <i>No.</i> | <i>Scale</i>                    |
|----------------------------------------------------|------------|---------------------------------|
| House Surgeons .. ..                               | 10         | Rs. 150—p.m.                    |
| Matron .. ..                                       | 1          | Rs. 320—20—400                  |
| Assistant Matron .. ..                             | 1          | Rs. 200—10—300                  |
| Nursing Sisters .. ..                              | 12         | Rs. 150—7—185—8—225             |
| Staff Nurses .. ..                                 | 40         | Rs. 100—5—125—6—185             |
| Assistant Superintendent Stores                    | 1          | Rs. 130—10—230                  |
| Head Clerk .. ..                                   | 1          | Rs. 160—10—250                  |
| Store keepers .. ..                                | 3          | Rs. 60—3—81—EB—4—125—<br>5—130  |
| O.R.A. .. ..                                       | 4          | Rs. 80—150                      |
| Stenographers .. ..                                | 2          | Rs. 80—5—120—8—200—<br>10—220.  |
| Senior Clerks .. ..                                | 4          | Rs. 80—5—120—8—200—10—220       |
| Accountant .. ..                                   | 1          | Rs. 80—220                      |
| Radiographers .. ..                                | 2          | Rs. 60—5/2—75—8—105             |
| Compounders/Dispensers ..                          | 8          | Rs. 60—3—81—EB—4—125<br>—5—130. |
| Junior Clerks .. ..                                | 8          | do                              |
| Telephone Operators .. ..                          | 4          | do                              |
| Peons .. ..                                        | 6          | Rs. 30— $\frac{1}{2}$ —35       |
| Deftries .. ..                                     | 1          | Rs. 35—1—50                     |
| Nursing Orderlies and Ayas ..                      | 36         | Rs. 30— $\frac{1}{2}$ —35       |
| Sweepers and Sweeperses ..                         | 36         | do                              |
| Havildar .. ..                                     | 1          | Rs. 35—1—50                     |
| Head Cooks .. ..                                   | 2          | Rs. 40—2—50                     |
| Cooks .. ..                                        | 4          | Rs. 30— $\frac{1}{2}$ —35       |
| Chowkidars .. ..                                   | 4          | do                              |
| Laboratory Technicians .. ..                       | 4          | Rs. 80—5/2—75                   |
| Laboratory Attendants .. ..                        | 4          | Rs. 35—1—40—2—60                |
| Staff for Sisters and Home<br>Surgeons Mess Cooks. | 4          | Rs. 30— $\frac{1}{2}$ —35       |
| Mess Servants .. ..                                | 6          | do                              |

Estimated expenditure on staff will be approximately Rs. 4.75 lakhs per annum.

#### ANNEXURE H.

Statement: Estimate of the cost of construction and maintenances of a 500 Bedded Hospital.

##### *Non-recurring expenditure:*

| (a) Buildings--                                                                                                | Rs.                                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. Hospital buildings (including Administration Block, O. P. D., X-ray Laboratory, Garage, Laundry, Mortuary). | 500 beds at Rs. 12,000 per bed. 60,00,000 |

## 2. Nurses Home—

|                                  |          |          |
|----------------------------------|----------|----------|
| Residential accommodation for    | 4,40,000 | 4,84,000 |
| 125 Nurses at Rs. 3,500 per      | 44,000   |          |
| head—Approximate Rs. <i>plus</i> |          |          |
| Cost of furniture at 10 per      |          |          |
| cent.                            |          |          |

## 3. Residential accommodation for the minimum staff required to stay on the premises.

|                                                             |          |          |
|-------------------------------------------------------------|----------|----------|
| (i) 2 Senior Staff Quarters at Rs. 32,000 each.             | 64,000   | ..       |
| (ii) 6 Quarters for Medical Officers at Rs. 21,000 each.    | 1,26,000 | ..       |
| (iii) 10 Quarters for Registrars at Rs. 12,000 each.        | 1,20,000 | ..       |
| (iv) 20 Quarters for House Surgeons at Rs. 5,000 each.      | 1,00,000 | ..       |
| (v) 1 Quarters for Superintendent                           | 8,000    | ..       |
| (vi) 6 Quarters for Compounders and dressers at 6,500 each. | 39,000   |          |
| (vii) 130 Quarters for Class IV at Rs. 6,200 each.          | 4,16,000 | 8,73,000 |

\* (b) Equipment at Rs. 1,200 per bed .. 6,00,000

Total non-recurring 79,57,000

\* As per details given in Annexure "A"

*Recurring expenditure :*

500 beds at Rs. 3,000 per bed per annum .. 15,00,000

Grand total .. 94,57,000

## Details of Staff given in Annexure "B"

560 bedded hospitalDistribution of beds.

|                                              |    |    |    | <i>No. of beds</i> |
|----------------------------------------------|----|----|----|--------------------|
| 1. Special and Family wards                  | .. | .. | .. | 33                 |
| 2. Medical General male                      | .. | .. | .. | 100                |
| 3. Medical General female                    | .. | .. | .. | 50                 |
| 4. Diarrhoea & Dysentry                      | .. | .. | .. | 20                 |
| 5. Diphtheria, Small-pox, etc.               | .. | .. | .. | 10                 |
| 6. Isolation, Mumps, Measles and Chicken-pox | .. | .. | .. | 20                 |
| Total                                        | .. | .. | .. | 235                |

## SURGICAL GENERAL.

|                    |             |    |     |
|--------------------|-------------|----|-----|
| 7. Surgical male   | ..          | .. | 100 |
| 8. Surgical female | ..          | .. | 40  |
| 9. Fractures       | ..          | .. | 20  |
| 10. E.N.T.         | ..          | .. | 20  |
| 11. Eye            | ..          | .. | 20  |
|                    | Total       | .. | 200 |
| 12. Labour         | ..          | .. | 20  |
| 13. Gynaecological | ..          | .. | 25  |
| 14. Children       | ..          | .. | 20  |
|                    | Total       | .. | 65  |
|                    | Grand Total | .. | 500 |

## ANNEXURE "H"

## EQUIPMENT.

(In lakhs of Rs.)

|                                           |    |      |
|-------------------------------------------|----|------|
| Medical equipment for 500 bedded hospital | .. | 2.00 |
| X-ray                                     | .. | 1.30 |
| Labortory                                 | .. | .40  |
| E.N.T.                                    | .. | .20  |
| Eye                                       | .. | 0.20 |
| Dental Surgery (i. e., Chair)             | .. | .20  |
| Families wing                             | .. | .10  |
| Furniture beds, side tables, etc.,        | .. | 1.00 |
| Refrigerators and Micellaneous            | .. | .60  |
| Total estimated cost on equipment         | .. | 6.00 |

## ANNEXURE.

## STAFF.

| <i>Name of the post</i> | <i>No.</i> | <i>Scale of pay</i>                                |
|-------------------------|------------|----------------------------------------------------|
| Surgeons                | 2          | Rs. 350—30—380—30—590—EB<br>—30—770—40—850.        |
| Physicians              | 2          | do                                                 |
| Obstetricians           | 2          | Rs. 350—850                                        |
| Gynaecologist           | 1          | do                                                 |
| Dental Surgeon          | 1          | do                                                 |
| Anaesthetic             | 1          | do                                                 |
| Pathologist             | 1          | do                                                 |
| Radiologist             | 1          | do                                                 |
| Biochemist              | 1          | do                                                 |
| Registrars              | 7          | Rs. 260—15—440—20—500 with<br>N.P.A. at 25% of pay |

| <i>Name of the post</i>                    | <i>No.</i> | <i>Scale of pay</i>                                 |
|--------------------------------------------|------------|-----------------------------------------------------|
| Surgical and Medical ..                    | 4          |                                                     |
| Gynaecological ..                          | 1          |                                                     |
| Children .. ..                             | 1          |                                                     |
| Obstetrics .. ..                           | 1          |                                                     |
| Casualty Officers .. ..                    | 3          | Rs. 260—15—440—20—500 with<br>N.P.A. at 25% of pay. |
| House Surgeons .. ..                       | 24         | Rs. 150 p.m.                                        |
| Matron .. ..                               | 1          | Rs. 320—20—400                                      |
| Assistant Matron .. ..                     | 1          | Rs. 200—10—300                                      |
| Nursing Sisters .. ..                      | 25         | Rs. 150—7—185—8—225                                 |
| Staff Nurses .. ..                         | 80         | Rs. 100—5—125—6—185                                 |
| Assistant Superintendent Stores            | 1          | Rs. 130—10—230                                      |
| Assistant Superintendent for<br>the Office | 1          | Rs. 130—10—230                                      |
| Store-Keepers .. ..                        | 4          | Rs. 60—3—81—EB—4—125—<br>5—130.                     |
| Stenographers .. ..                        | 2          | Rs. 80—5—120—8—200—10/2—<br>—220.                   |
| Senior Clerks .. ..                        | 8          | do                                                  |
| Senior Radiographer .. ..                  | 1          | Rs. 100—5—120—8—200—10/2<br>2—220.                  |
| Ordinary Radiographers ..                  | 4          | Rs. 60—5/2—75—3—105                                 |
| Accountant .. ..                           | 1          | Rs. 80—220                                          |
| Compounder/Dispensers ..                   | 15         | Rs. 60—130                                          |
| Junior Clerks .. ..                        | 25         | Rs. 60—130                                          |
| Telephone Operators .. ..                  | 5          | do                                                  |
| Operation Room Assistants ..               | 8          | Rs. 60—105                                          |
| Peons .. ..                                | 20         | Rs. 30— $\frac{1}{2}$ —35                           |
| Dafties .. ..                              | 2          | Rs. 35—1—50                                         |
| Nursing Orderlies and Ayas ..              | 120        | R. 30— $\frac{1}{2}$ —35                            |
| Sweeper and Sweepers ..                    | 120        | do                                                  |
| Havaldar .. ..                             | 1          | Rs. 35—1—50                                         |
| Head Cooks .. ..                           | 8          | Rs. 40—2—50                                         |
| Cooks .. ..                                | 14         | Rs. 30— $\frac{1}{2}$ —35                           |
| Chowkidars .. ..                           | 30         | do                                                  |
| Laboratory Technicians .. ..               | 10         | Rs. 60—5/2—75                                       |
| Laboratory Assistants .. ..                | 6          | Rs. 60—5/2—75                                       |
| Laboratory Attendants .. ..                | 6          | Rs. 35—1—40—2—60                                    |
| Cashier .. ..                              | 1          | Rs. 60—130                                          |

Staff for Sisters mess and House Surgeon's mess not included.

As estimated expenditure on staff will be approximately Rs. 8.00 lakhs per annum.

## ANNEXURE "J"

## MATERNITY AND CHILD WELFARE CENTRE.

| <i>Name of post</i>     | <i>No. of post</i> | <i>Scale of pay</i>                                  |
|-------------------------|--------------------|------------------------------------------------------|
| 1. Lady Doctor .. ..    | 1                  | Rs. 260—13—440—20—500— plus<br>N.P.A. at 25% of pay. |
| 2. Health Visitor .. .. | 1                  | Rs. 100—5—150                                        |
| 3. Aya .. ..            | 1                  | Rs. 30— $\frac{1}{2}$ —35                            |
| 4. Clerk .. ..          | 1                  | Rs. 60—3—81—EB—4—125—<br>5—130.                      |

## FAMILY PLANNING CENTRE.

| <i>Name of post</i>    | <i>No. of post</i> | <i>Scale of pay</i>                                 |
|------------------------|--------------------|-----------------------------------------------------|
| 1. Lady Doctor .. ..   | 1                  | Rs. 260—15—440—20—500 plus<br>N.P.A. at 25% of pay. |
| 2. Social Worker .. .. | 1                  | Rs. 160—330                                         |
| 3. Aya .. ..           | 1                  | Rs. 30— $\frac{1}{2}$ —35                           |
| 4. Clerk .. ..         | 1                  | Rs. 60—3—81—EB—4—125—<br>5—130.                     |

## DENTAL CENTRE—(Staff).

| <i>Name of post</i>        | <i>No. of posts</i> | <i>Scale of pay</i>       |
|----------------------------|---------------------|---------------------------|
| 1. Junior Dentist .. ..    | 1                   | Rs. 260—15—440—20—500     |
| 2. Dental Technician .. .. | 1                   | Rs. 60—5/2—75—3—105       |
| 3. Nursing Orderly .. ..   | 1                   | Rs. 30— $\frac{1}{2}$ —35 |

## APPENDIX 9(a).

## VANI VILAS HOSPITAL, BANGALORE.

I visited the Vani Vilas Hospital, Bangalore, on 30th April 1959 and was shown round by Dr. (Mrs.) Padmasundaram, M.B.B.S., D.G.O., Superintendent, of the Hospital.

*Bed Strength :*

This Hospital has 420 beds, of which 360 are for women and 60 for children. It is a combined Maternity and Children's Hospital.

*General :*

It was reported that the Bangalore Medical College 4th year students are coming for instruction in this institution. It is

customary, the Superintendent said, that after every month the students are changed from one ward to another and on every Monday, Tuesday and Wednesday they have clinical lectures delivered by Dr. Padmasundaram, Dr. P. R. Desai and Dr. J. Dominick. Accommodation should be provided in the hospital for the students to stay and attend emergency cases in the nights. At present they were accommodated in the out-patient verandahs. This should not be done. Students should be provided with necessary residential accommodation on the premises. The students are made to write the cases and follow the cases at all stages, from the Labour rooms to the Wards. In the operation room they are posted in turns. During those two months they attend all varieties of cases. It was further reported that formerly the Medical School students were coming in batches of 50 to 60 students. The students are also given lectures in Midwifery.

#### *Midwifery Training :*

Facilities are available for the training of Midwives for a period of 18 months in this Institution. It was suggested, that it would be better to have more booklets and maps to teach midwives, and arrangements may be made to get the same from U.N.E.S.C.O. An Epidiascope is absolutely necessary and must be provided. Arrangements may also be made to utilise the services of the modeller of the Anatomy Department of the Mysore Medical College to prepare some more specimens for the purposes of teaching.

#### *Paediatric Section :*

There is a separate building meant for sick children having 60 beds, and a separate Surgeon qualified in Paediatrics is in-charge of the same. It is better to upgrade the Department with full staff. The expansion of the building is necessary to meet the growing needs of children.

#### *Medical College Hostel :*

It is proposed to build a Hostel to accommodate the students of the Bangalore Medical College in the compound. It is advisable not to have the proposed hostel too near the out-patient block.

#### *Laboratory Facilities :*

It is absolutely necessary to have a Laboratory attached to each ward or at least each Section, for quick pathological investigation of a routine nature.

#### *Ancillary Training :*

It was gratifying to note that a new building is under construction for training Health Visitors, on modern lines.

*Linen Room :*

The present linen room should be shifted to another suitable place.

*Blood Transfusion :*

The blood transfusion section has to be reorganised with adequate equipment.

*Family Planning :*

There is a Family Planning Centre attached to the Out-patient Block of the Hospital, and it is manned by a Social Worker, and about 10 persons per month avail themselves of sterilization.

*Labour Wards :*

There is a separate Labour Ward with an attached Ward for dealing with all complicated cases.

*Septic Ward :*

There is a separate septic ward for the treatment of septic cases only.

*Discharge of Patients :*

Usually the patients are discharged after ten days from the date of delivery, but in some deserving cases they stay on for a longer period. In order to meet the public demand, the Superintendent has made arrangements to put extra beds on the floor and verandahs. It is necessary to expand the hospital to eliminate overcrowding.

*Destitute Children :*

The Superintendent while on inspection of the wards, showed a destitute child which was well looked after by the hospital authorities. This kind of practice should be encouraged.

*Distribution of Students :*

The existing system of allotment of students for clinical work needs to be revised.

*Emergency Ward :*

It was reported that they have started an Emergency Ward as per the instructions of the present Director of Medical Services. This is a step in the right direction; as both the doctors and the nurses will be able to give adequate attention and care to them when kept in a separate ward in this manner.



*Sterilizing Room :*

Normal labour ward is well equipped. It is used as Sterilizing Room also.

*Facilities to the Students in O. T :*

In the Operation theatre the students are asked to assist at the operations.

*Nurses :*

The present ratio of the number of nurses to the number of patients in the Maternity wards is not satisfactory. There is urgent need to increase the number of nurses.

*Microscopes :*

It was surprising to note that there is only one Microscope for the whole Hospital. It is better to have one Microscope for each ward to examine urine, blood, etc., of patients in that ward.

*Maintaining a Progress Report Book :*

It is of utmost importance that the Midwives, Nurses, and Students should be asked to maintain a progress report book as is maintained in Madras, so as to enable them to get a first hand knowledge of the cases that they have attended. In addition to this, day to day progress notes also should be recorded.

It was noted that Dr. Desai is the only male surgeon working in the Vani Vilas Hospital on the Maternity side, and that he is the Assistant Professor of Midwifery and Gynaecology in the College.

*Unit System :*

Unit system should be introduced in this hospital as early as possible. A Clinical Theatre is required for Lecture-cum-Demonstration of cases.

## APPENDIX 9(b).

## MINTO OPHTHALMIC HOSPITAL, BANGALORE.

I visited the Minto Ophthalmic Hospital, Bangalore, on 7th May 1959. Dr. D. R. Nanjappa, M.B.B.S., D.O.M.S. (Eng.), Superintendent of the Minto Ophthalmic Hospital and the Professor of Ophthalmology, Bangalore Medical College and the Lecturer in Ophthalmology in Medical School, Bangalore, kindly took me round the Hospital.

*General :*

The Hospital has got a sanctioned bed strength of 205 and actually there were 246 inpatients. Since it is the only major Eye Hospital in the State of Mysore, it is quite essential to expand the hospital in order to accommodate more patients. It was also

reported that the Superintendent of the Eye Hospital who is an Eyes Specialist visits Shimoga and Tumkur Districts once in a month regularly to perform Eye Operations. He said that another Eye Specialist in the cadre of Surgeon may be appointed in the Minto Ophthalmic Hospital. This will relieve the heavy strain on the present Superintendent. The Superintendent also gives lectures to the Medical College students, Bangalore and the Medical School students, in the afternoons.

It was said that a certificate course in Ophthalmology, which was held from 2nd October 1958 to 2nd April 1959 for the first batch of Medical men and women consisting of 6 members, had been completed successfully. The next course is yet to be started. They are awaiting Government orders in this connection.

It was also stated, that concessions are being shown by the Western Countries to the students who go abroad for post-graduate training if they have undergone training in this hospital for a period of six months. The Institution caters not only for the needs of the Mysore State but also for a large number of people coming from neighbouring States of Andhra, Madras and Kerala.

#### *Refraction Room :*

Refraction room is fully furnished.

#### *Lecture Room :*

There is no proper lecture room in the Hospital. The Superintendent is making use of the open space on the first floor for giving lectures to the M.B.B.S. students and the L.M.Ps. A suitable lecture room should be provided at an early date.

The services of the Modeller in the Mysore Medical College, Mysore, should be utilised for preparation of various models which may be utilised for purposes of teaching.

#### *Honorary Surgeons :*

There are two Honorary Surgeons in the Hospital whose services are utilised by the Hospital. They work both in the wards and the Out-patient Departments.

#### *Laboratory :*

There are no laboratory facilities in the Hospital. These should be provided along with the appointment of a trained technician.

#### *New out-patient Department :*

It was stated that construction of a separate out-patient block is under the consideration of Government. It should be a three storeys building. The ground floor should be utilised for the

purpose of refraction room, teaching room, examination of patients; the first floor should have a lecture room for lectures; library and museum and the second floor for the accommodation of duty doctors and students.

*Posting of Students :*

It was stressed, that each student should be given the entire charge of at least 5 patients and he should maintain the daily written record of their progress.

*Post Operative Patients :*

The students should be asked to look after the patients during post operative period and they should do the necessary dressings as far as possible. This will help the students to get more practical training.

Adequate number of nurses must be posted.

The charge of the linen room of the hospital should be given to a clerk instead of the Matron, whose services should be utilised for the patients and in operation theatres.

*Museum :*

There is no separate museum. A museum should be provided. It will be a great asset to this teaching institution.

*Ward Boys and Ayahs :*

The number of Ward boys and Ayahs should be increased to look after the patients since the present strength is inadequate.

Even though the Hospital has got all necessary equipment, it has not got adequate staff to handle them. Therefore, it is essential that adequate staff may be provided at an early date.

*Lecture Hall :*

The Superintendent informed me that as a temporary measure he intends to convert the hall near the existing Out-patient room into a lecture hall by providing suitable benches in order to meet the demands of the students, till the proposed Out-patient Block is ready.

*Electric Lift :*

Administrative sanction for the erection of an electric lift has already been obtained and necessary arrangements will be made to provide it for the use of patients at an early date. A lift is an urgent necessity especially for the transport of blind patients.

*Residential Quarters :*

Separate residential quarters for the use of Doctors attached to the Minto Ophthalmic Hospital should be provided.

*Hostel :*

Hostel accommodation for the students who undergo post-graduate training in this Hospital, should be constructed at an early date.

*Operation Theatre :*

It was noticed that a large number of operations were being conducted in the Minor and Major Operation Theatres of this Hospital. The existing operation theatre should be improved and necessary arrangements should be made to allow the students to observe and to perform the operations under supervision.

*Electric Boilers :*

Electric Boilers should be provided for the wards so that the patients can have hot water for baths.

## APPENDIX 9(c).

## S. D. S. SANATORIUM, BANGALORE.

I visited the Shantha Bai Devaram Shivaram Sanatorium, Bangalore on 8th May 1959 with Dr. T. B. Medappa, M.B.B.S., Deputy Director of Medical Services, Bangalore, Dr. Y. Rajashekar, M.B.B.S., T.D.D. (Wales), M.R.C.P. (Edin.) Superintendent, S. D. S. Sanatorium, kindly took us round the Hospital.

*General :*

It was reported, the S. D. S. Sanatorium, Bangalore was opened on 30th January 1948. The present bed strength of the Hospital is 296. The Lady Willingdon T. B. Clinic, Kempegowda Road, Bangalore City, sends the patients for admission to the Sanatorium, while T. B. Clinic at Broadway, Civil Station, Bangalore, sends its patients to the Government T. B. Sanatorium, Old Madras Road, Bangalore.

The space around the hospital should be left for the expansion of the hospital. A new block with 80 beds has been provided in which the hospital authorities have reserved 16 beds for E. S. I. Scheme.

The hospital has got one Resident Medical Officer and a Lady Assistant Surgeon, Grade III, who have specialised in T. B. and an Honorary Medical Officer.

There is no Anaesthetist attached to this Hospital. Necessary arrangements may be made to post one at an early date.

*X-Ray :*

The X-Ray Department is well equipped. A trained X-ray Technician and a qualified Radiologist may be posted at an early date.

*Septic Theatre :*

A separate operation theatre for septic cases is required.

*Aftercare Colony :*

Government of India have proposed an After Care Colony to accommodate the discharged patients. Action may be taken to establish the same at an early date.

*Laboratory Technician :*

There is only one Laboratory Technician in the Hospital. It is necessary that one more Laboratory Technician may be posted considering the enormous amount of work that is being turned out in the Hospital.

*Blood Bank :*

A blood bank is required for this hospital.

*Social Worker :*

The appointment of a social worker for the Hospital is very necessary. He should visit discharged patients and see that they work according to their physical capacity either in their homes or in the After Care Colony. And in case the disease recurs he should advise them to come to the Hospital.

*Teaching Facilities :*

Since there is a Medical College at Bangalore, necessary arrangements should be made to send the students for training to the S. D. S. Sanatorium, instead of sending them to Mysore, as the Sanatorium has got all the necessary teaching facilities. The Superintendent, stressed that T. D. D. Course may also be started in this Sanatorium since they have got all necessary facilities for this type of Post-graduate training.

*Staff Required :*

It was brought to my notice by the Superintendent that four more additional Doctors, 5 nurses, one Compounder, One Laboratory Technician, and one Separate Stores Clerk, who will relieve the present R. M. O. from the Stores work, are necessary.

Arrangements may be made to send the Probationary Nurses after completion of their General Nursing to the Sanatoriums for training for a period of six months so that they will be in a position to know what they should do in the care of T. B. Patients.

*Specialist Allowance :*

The present bed strength of the Hospital viz., 296, is hardly enough to meet the growing demands of the in-patients. An increased bed strength of 100 is an urgent necessity as this Sanatorium has to cater for the needs of a growing City like Bangalore. A Pathologist is also necessary to look after the work of the Laboratory like blood grouping, culture, and examine sputum, etc.

*Ambulance Van :*

An ambulance van may be provided for this Hospital.

*Library :*

A Library is required for this hospital and may be provided at an early date.

## APPENDIX 9(d).

*Victoria Hospital, Bangalore.*

I visited the Victoria Hospital, Bangalore on the 12th May 1959. Dr. M. Authikesavalu, M.B.B.S., M.S. (Surg.) MLSL (expert Surg.) F.R.C.S. (Canada), Superintendent of the Hospital took us round the Hospital. Again on 29th January 1960 I visited the Hospital with Dr. T. B. Medappa and had discussions with Dr. M. Authikesavalu.

*Historical Note :*

The foundation stone of the Victoria Hospital was laid by Her Highness the Maharani Regent C. I. on 22nd June 1897, on the occasion of the Diamond Jubilee of Her Majesty Queen Victoria. This Building was estimated to cost Rupees five lakhs and accommodated 140 patients.

The building was completed in three years and was formally opened by His Excellency Lord Curzon of Kedeston, the then Viceroy of India, on 8th December 1900. The Hospital was placed in charge of Major J. Smyth, with Dr. T. V. Armugam as Resident Medical Officer.

The Hospital consisted of the main Administrative Block with eight pavilions on the ground floor for men patients with male and female out-patient Departments. The first floor consisted of four general wards and two special wards for women patients. The total bed strength to begin with was 100.

Subsequently an E. N. T. Department under Dr. H. B. Mylvaganam and an X-Ray Department under Dr. C. A. Nanjappa were

opened. The ground floor of the present Radiology Block munificently donated by late Sri B. M. Srinivasiah, was completed and occupied on 1st July 1934. The Dental Department was started in the year 1922. With the munificent donation given by the late Sir K. P. Puttanna Chetty, all the out-patient Departments were shifted to a separate building.

The Medical College was started in 1924 and students were trained in clinical work in the Hospital till 1930, after which the Medical College was shifted to Mysore. The students of the Medical School, ever since its inception in 1917 are being trained at Victoria Hospital.

In 1942, an additional block known as "D. N. Sirur Heart Diseases Hospital" was built by the generous donation of Rs. One lakh, by the late Mrs. D. N. Sirur, which accommodates 40 general patients and six paying patients. Subsequently a new Pathology Block at a cost of about Rs. three lakhs was completed, which at present accommodate the Pathology Department including the Blood Bank.

Apart from the General Medical and General Surgical Departments the other departments which are functioning under the respective specialists are the Ear, Nose and Throat, Venereology and Dermatology, Pathology, X-ray and X-ray Therapy, Orthopaedic, Dental, Physical Medicine and Casualty Departments.

#### *Accommodation :*

The sanctioned bed strength of the hospital is 400. There were 635 inpatients and 936 out-patients on 29th January 1960.

1. The total number of out-patients treated for the last three years are :—

| <i>Year :</i> | <i>Total No. of out-patients treated.</i> |    |          |
|---------------|-------------------------------------------|----|----------|
| 1956          | ..                                        | .. | 2,54,984 |
| 1957          | ..                                        | .. | 2,66,674 |
| 1958          | ..                                        | .. | 2,66,280 |

2. Daily average of in-patients treated for the last three years are :—

| <i>Year :</i> | <i>Daily average of I. P. treated.</i> |    |     |
|---------------|----------------------------------------|----|-----|
| 1956          | ..                                     | .. | 708 |
| 1957          | ..                                     | .. | 730 |
| 1958          | ..                                     | .. | 729 |

3. Daily average of out-patients treated for the last three years.

| <i>Year :</i> | <i>Total No. of O. P. treated.</i> |    |     |
|---------------|------------------------------------|----|-----|
| 1956          | ..                                 | .. | 877 |
| 1957          | ..                                 | .. | 944 |
| 1958          | ..                                 | .. | 881 |



**Staff :**

The Medical and Nursing staff at present is as follows :—

| <i>Medical.</i>                      | <i>Sanctioned strength.</i> | <i>Existing men.</i> | <i>Vacant women.</i> |    |
|--------------------------------------|-----------------------------|----------------------|----------------------|----|
| Surgeons including Superintendent .. | 11                          | 10                   | 1                    | .. |
| Assistant Surgeons Grade I ..        | 42                          | 32                   | ..                   | 10 |
| Assistant Surgeons Grade II ..       | 40                          | 24                   | 9                    | 7  |
| Assistant Surgeons Grade II ..       | 42                          | 32                   | ..                   | 10 |
| Assistant Surgeons Grade III ..      | 40                          | 24                   | 9                    | 7  |
| Hon. Medical Officers ..             | 4                           | 4                    | ..                   | .. |
| Hon. Assistant Medical Officer ..    | 5                           | 4                    | ..                   | 1  |
| Hon. Dental Surgeon ..               | 1                           | 1                    | ..                   | .. |
| <i>Nursing :</i>                     |                             |                      |                      |    |
| Nursing Superintendent Grade I ..    | 1                           | ..                   | 1                    | .. |
| Nursing Superintendent Grade II ..   | 15                          | 1                    | 14                   | .. |
| Nurses ..                            | 73                          | 11                   | 39                   | 23 |
| Sister Tutors ..                     | 2                           | 1                    | 1                    | .. |

*Nurses.*—There are 58 probationary nurses under training at present.

In order to keep the ratio proposed by the Indian Medical Council in a teaching institution, immediate arrangements should be made to increase the number of staff nurses to 100 and the probationary nurses also to 100. It was also ascertained that sufficient accommodation for the increased staff will be available.

**Teaching Facilities :**

It is a teaching institution. Formerly it was providing instruction only for the L. M. Ps., but now after the inception of the Bangalore Medical College, it is providing teaching facilities for both the licentiates and the graduates. From the general point of view it is better to keep the L.M.Ps. and the M.B.B.S. students separate during the period of training. This difficulty will be over come by the final abolition of the Medical School about which the Government of Mysore has already issued orders.

I was informed that the Indian Medical Council had taken objection to the appointment of licentiates in a teaching hospital. Arrangements should therefore be made to post M.B.B.S. Doctors in their places so that we comply with the requirements of the Council.

It is advisable that Medical Officers on the teaching staff of the medical colleges and associated hospitals should not be subject to frequent transfers like the other Medical Officers in Government service. If found suitable, they should be retained in their teaching posts as long as possible.

**Casualty Room :**

The casualty room ought to be located in the out-patient department of the hospital and an Anaesthetist should be available there for emergency operations.



*V. D. and Skin Department:*

The V. D. and Skin Department is incharge of Dr. D. P. Jayaram, B.Sc., M.B.B.S., M.Sc., (Med.) As per the recommendations of the I.M.C. it is advisable that the V. D. and Skin Departments may be bifurcated into two separate Departments.

*Number of persons treated:—*

|             |    |    |        |
|-------------|----|----|--------|
| 1. Men      | .. | .. | 17,622 |
| 2. Women    | .. | .. | 2,908  |
| 3. Children | .. | .. | 3,303  |

*Leprosy :*

There is no special section attached to this hospital for Leprosy, but diagnostic service is available in the Skin Department. Cases thus diagnosed are referred to the Central Leprosorium, Bangalore.

*Family Planning Clinic :*

Family Planning Clinic should be opened with the requisite staff at an early date so as to advise the patients and the public to become family planning minded.

*Dental Department :*

Dr. A. G. Pani and Dr. M. Venkataramaniah are in-charge of the Department. The total number of persons treated in this Department are:—

|          |    |    |       |
|----------|----|----|-------|
| Men      | .. | .. | 9,567 |
| Women    | .. | .. | 4,858 |
| Children | .. | .. | 1,420 |

Since Dental Course in the Bangalore Medical College has been introduced it is necessary that the Dental College building should be started immediately as the students for the B. D. S. will be coming for the clinical work next year. The necessary equipment and staff should be provided for the purpose.

*Physio Therapy Department :*

It is quite essential that at least two Gymnasium halls should be constructed adjacent to the Physio Therapy Department for rehabilitation of patients. This Department is headed by Mr. M. A. Hafeez, M.B.B.S., M.S. (U.S.A.). It has got apparatus for Ultraviolet, Infra Red, short wave, sonic, electro therapy, hydro-therapy and Micro Wave Physio-therapy treatment of cases referred from E.N.T., Orthopadic, Medical, Obs. & Gyn. and Skin Department is carried out here, besides Electro Diagnosis. General check up is done on all week days and necessary treatment is given. Exercises, Rehabilitation, Brace filling and instructions in Occupational Therapy are given every evening. There is a load of 160 out-patients and 6-10 in patients every day. This Department is

in need of experienced staff to meet the needs of the hospital. It is necessary to have more physio-therapists in the State and particularly in this hospital, since there is only one such trained officer here. If possible, arrangements should be made to train more hands in Physio Therapy either in this Hospital or in the neighbouring States.

*Bacteriology Department :*

Dr. S. R. Savor, M.B.B.S., F.A.S.C., Hon. Pathologist and Bacteriologist is in charge of this Department. A lumpsum grant of Rs. 10,000 may be sanctioned for starting and equipping this department. Additional staff required such as Technicians, Ward Attendants and Sanitary staff should be sanctioned.

*Pathology Department :*

This Department has facilities for conducting routine pathological examinations, such as qualitative and quantitative examination of urine, motions, sputum and blood in pathological conditions; Bio-chemical work such as Blood sugar, Blood urea, Gastric Analysis, Vanden Begh's Test etc., Seriological work such as Widal, Tests for Syphilis etc., and Histopathological work and blood bank work. Dr. Ghorpade, M.B.B.S., Ph.D. (Lond.) is incharge of this Department. Necessary additional equipment and staff required for this Department may be sanctioned immediately.

*Ward Laboratories :*

It is quite necessary, that every ward should be equipped with a small clinical Laboratory for doing routine pathological examination. Necessary arrangements should be made to provide them in all the teaching hospitals in the State.

*Bio-chemistry Department :*

An experienced, highly qualified Bio-chemist would be an asset to the various departments of the hospital from diagnostic, therapeutic and teaching points of view. Therefore, it is needless to say that this department has to be started from the beginning and necessary funds should be sanctioned in a lumpsum together with necessary staff. It is desirable that the present Bio-chemist attached to the Bangalore Medical College, Bangalore, should be attached to the Victoria Hospital, Bangalore, for carrying out necessary bio-chemical work and for the instruction of students. He should be given an extra allowance for this additional work.

*Blood Bank :*

There is a blood bank here for carrying out Blood transfusions. There were 3,166 blood groupings and 1,332 direct matchings during the year 1958. Proper arrangements should be made to train sufficient Assistant Surgeons and Technicians in this speciality either in this hospital or in Madras, in order that there may be blood transfusion work in the mofussil areas also.

*Laboratory Technicians :*

Since there is a Scarcity of Laboratory technicians in almost all the hospitals in the districts as well as in the major hospitals in the State it is essential that every year a sufficient number of them may be trained in the place where adequate facilities are available, and thus utilise their services in all the hospitals where they are needed.

*X-Ray Department :*

The Radiology Department is under Dr. M. Gurudas, M.B.B.S., D.M.R., M.S. (Rad.) and it is very well equipped. If possible we should secure a Cobalt X-Ray therapy plant for use in this department. Necessary additional staff should be posted.

*X-Ray Technicians :*

As in the case of Laboratory Technicians, so in the case of X-Ray Technicians also, we find that there is a great scarcity of them. Persons desirous of being trained as X-ray Technicians should be given encouragement. Every year some candidates should be trained, so as to overcome the existing shortage of trained hands. After trained they may be posted to the district hospitals, where practically there are no-x-ray technicians at present. Training of candidates on these lines should continue till we have our full quota of trained X-ray technicians.

*Radiologists :*

Radiologists also should be trained in this hospital in order to overcome the shortage of their number in the State. Since this hospital possess all necessary facilities for training Radiologists, necessary post-graduate instruction in this speciality should be started.

I recommend, that the Mysore University may start a Diploma in Radiology-Diagnostic, as well as Therapeutic.

*Department of Anaesthesiology :*

Dr. V. Ramachandra, M.B.B.S., F.A.C.A. (U.S.A.), D.A. (Eng.), D.A. (Ireland), is in charge of the Department. It is understood that he is the only Anaesthetist who looks after all the hospitals in Bangalore i.e., Victoria, Bowring and Lady Curzon Hospitals and S. D. S. Sanatorium. This is not a very satisfactory arrangements either from the administrative or the surgical points of view. Therefore, it is advisable that Government may take immediate steps to depute six or more candidates for training for a period of six months in the Victoria Hospital, and to utilise their services in all the district and major hospitals in the State. If possible, Scholarships may also be offered to medical graduates to receive training in this speciality.

It may be emphasised, that Anaesthesiology is as important as any other branch of medical science, and trained anaesthetists are urgently needed in the State.

*Orthopaedic Department :*

Dr. H. K. Sreenivasamurthy, M.B.B.S., M.S., (Mch.), F.R.C.S., is in charge of this Department. A separate orthopaedic section was started in November 1958. The average attendance of this department is 80 patients daily, and about 25 of them are cases of fresh fractures. It is a notable feature that proper arrangements have been made in such a way that patients get the chance of being attended to by the Specialist alone.

*Medical Department :*

Dr. S. V. Govinda Setty, B.Sc., M.B.B.S., M.R.C.P., is the Physician attached to this Hospital. Since there is absolutely no space available adjoining the Medical Wards, it is necessary that an Amphitheatre on the first floor of the out-patient department may be provided with a seating accommodation for 500 students and with arrangements for Epidiascopic projection for purposes of clinical Demonstrations and for conferences.

A room for the department of Medicine to accommodate the Departmental Library, equipment and filing of records etc., should also be provided.

*Surgical Department :*

Dr. B. Hanumaiah, M.B.B.S., F.R.C.S., Resident Medical Officer, of this hospital, is in charge of this department. As in the case of Medical wards, so in the case of Surgical wards, we find there is great necessity of having an Amphitheatre. Therefore, it is necessary that an Amphitheatre on the first floor of the out patient department with epidiascopic projection rooms for department of Surgery, equipments for operative surgery classes, should be provided as in the case of Medical Department.

*E. N. T. Department :*

Dr. T. Manickum, D.L.O., M.S. (U.S.A.), F.I.C.S., is in charge of this Department.

The following number of operations have been performed :—

|       |    |    |       |
|-------|----|----|-------|
| Major | .. | .. | 1,222 |
| Minor | .. | .. | 2,436 |

and cases treated :—

|           |    |    |        |
|-----------|----|----|--------|
| 1. Ear    | .. | .. | 15,388 |
| 2. Nose   | .. | .. | 8,729  |
| 3. Others | .. | .. | 11,836 |

Necessary equipment and staff may be posted to cope with the ever increasing amount of work in this Department. It is highly desirable to start post graduate training in this subject also.

*Mass Radiography Department :*

Dr. Sadashiv is in charge of this Department. Additional equipment required should be provided.

*Isolation Ward :*

There is a separate ward for treatment of Isolation cases, and 8 beds are allotted in this ward with extra beds on the floor. Necessary arrangements may be made to provide suitable accommodation for increased number of patients.

*Cardiac Diseases Section :*

The existing Cardiology Department has been earmarked only for Cardia patients and their investigations, and the following is the number of in and out-patients treated.

|                                                          | <i>In-patients.</i> | <i>Out-patients.</i> |
|----------------------------------------------------------|---------------------|----------------------|
| 1. Anteriosclerotic and Degenerative .<br>Heart disease. | 86                  | 500                  |
| 2. Other Heart diseases ..                               | 217                 | 200                  |
| 3. Hyperatension with heart disease ..                   | 238                 | 94                   |
| 4. Hypertension without heart disease..                  | ..                  | 73                   |

*Cancer Section :*

This ward is on the top of the x-ray Department, and has 39 beds for female cases.

*Buildings.*

*Expension of the Hospital :*

1. I was informed that an additional Surgical Block with a capacity of 180 beds is going to be constructed and will have three floors—each floor having an accommodation of 60 beds.

2. Every care should be taken to provide a pantry room for the use of patients on each floor of the proposed new block.

3. There should be a laboratory for each ward and each ward should have a Nurse's room as well as linen room on each floor.

4. Residential quarters for Interns, Housemen, Senior Officers, Lady Resident Medical Officers, Lady Interns and House Surgeons—are absolutely essential and should be treated on top-priority basis. These building programmes must be included in the present plan period alone.

*Expansion of the out Patient Department :*

5. Construction of three rooms over the open space in the floor of the new out-patient block one to be used as waiting room for out-patients and the other two as clinical amphitheatres one Medical and one Surgical for clinical demonstrations of out-patients is recommended.

6. *Water-tanks* : Since the supply of water during the peak hours of the morning to the Pathology and the Out-patients' Block is very unsatisfactory, it is necessary that the construction of overhead main water tank at the rear of the hospital, which has been pending for a long time with the Public Works Department, should immediately be carried out without delay, owing to the urgent needs of the hospital.

7. *Electric Lifts* : Electric Lifts should be provided in the new Surgical block, new out-patients block and pathology department. At present there is only one old electric lift in the main building which sometimes goes out of order inspite of repeated repairs. Provision may be made to substitute this by a new electric lift.

8. *Laundry* : It is a pity, that even though the Electric Laundry Equipment costing about 2½ lakhs of rupees has arrived in the hospital, it has not been utilised for want of necessary building. Therefore, it is suggested that immediate steps should be taken to complete the building, so that the equipment may be put into action. Otherwise, there is a danger that if allowed to remain unused, it may be spoiled in course of time.

*Remarks.*

1. In order to maintain a constant supply of essential drugs, the Government Medical Stores, Bangalore should arrange to meet the increasing demands of all the Hospitals, in the State, by increased procurement.

2. *Diet* : For patients who are on plain milk and bread, a small amount of brown sugar and butter may be provided, as recommended by the medical officers in charge of the cases.

3. In addition to the present Food Supervisors, a qualified Dietician should be appointed in this Hospital.

4. *Statistician with Assistants* : Appointment of a Statistician with assistants is very necessary in a teaching Institutions to kept all the statistical records. Therefore, it is recommended that they may be appointed.

5. *Linen* : The linen requirements of the Hospitals are quite enormous every year and it has been found that Khadi is costlier and less durable for hospital use than Mill cloth. Therefore, it is



highly desirable that at least 50 per cent of the mill made cloth may be permitted to be used in hospital, especially, in operation theatres, and for Bandages and Gauze.

6. *Artist and Photographer* : Since this section has to be started to facilitate the teaching of students with the aid of charts and Photographs of not only clinical cases but also of pathological specimens, it is necessary that the services of the present artist in the Medical College, Bangalore, may be utilised for the hospital by giving him appropriate extra remuneration.

7. *Medico Legal Work* : An appointment of a Police Surgeon with necessary staff should be provided. His services should be used for the Bangalore Medical College, as a Professor of Forensic Medicine, immediately.

8. *Construction of another General Hospital at Malleswaram ; or any other suitable place in Bangalore.* As it will not be possible for the Victoria Hospital, to meet the demands of the growing public, it is proposed that another general hospital either at Malleswaram or some other convenient place in Bangalore may be constructed.

9. *Import Licence* : The special instruments which are required for use in Medical Colleges and teaching hospitals, but are not manufactured in India, should be given preference in securing foreign exchange, so that they may be obtained from abroad. This is necessary in order that our highly trained medical personnel may have the necessary technical assistance both for the purpose of rendering up-to-date medical aid to the public, and for suitable investigation of their cases.

#### *Recommendations Regarding Clinical Units :*

At present.—

- (1) There are 4 units in Surgical side of which 3 are of service officers and 1 of Honorary.
- (2) There are 4 units in Medical side of which 3 are of service officers and 1 of Honorary.
- (3) There are 3 units in E. N. T. of which 2 are of service Officers and 1 of Honorary.
- (4) There are one Unit each in Orthopædics, Physiotherapy, skin and venereal, Anaesthetics, Radiology, Pathology and Mass Radiography.
- (5) There are 2 units in Dentistry of which 1 is of service and one Honorary.

I found that some L.M.Ps. have also been taken in these Units. It is not advisable to entertain L.M.Ps'. as teachers in clinical units, which are meant to teach M.B.B.S., students. Therefore, the continuance of L.M.Ps. in these units should be discontinued and their places may be filled up by medical graduates.

Regarding the composition of Units my suggestions made in my letter No. G.B. 116, dated 14th August 1959 may be brought into force as early as possible.

*Administration.*

The administrative head of each of the three Medical Colleges should be called the Dean, and he should also be in administrative charge of the main teaching hospital. I am convinced that this unified control of the teaching institutions will be eminently conducive to the promotion of efficiency and discipline. It will also be in keeping with the practice in vogue in the neighbouring States of Madras and Bombay, where the Deans have functioned for some years and past experience shows, that this system has proved very satisfactory there.

According to this arrangement, the Dean will be administrative charge of the Bangalore Medical College as well as the following teaching hospitals associated with it :—

- (a) Victoria Hospital,
- (b) Vani Vilas Hospital,
- (c) Minto Ophthalmic Hospital.

The Dean will be associated by a College Council whose composition and functions have already been furnished by me to Government in my letter No. GB—84, dated 1st July 1959 a copy of which is enclosed for ready reference.

I have recommended that the pay of the Dean may be fixed in the scale of Rs. 1,000—100—1,400 per mensem and that the age of retirement may be fixed as 60.

APPENDIX 9(e).

*Isolation Hospital, Old Madras Road, Bangalore.*

I visited this hospital on 6th of May 1959.

*Brief Historial Note :*

This hospital was started in the year 1930. It was then under the control of the Central Government and remained so till 1st of December 1948. The Mysore Government took it over consequent to retrocession of the Civil and Military Station. This hospital admits only cases of infectious diseases whose number fluctuates a good deal according to occurrence of epidemics.

*Bed Strength :*

The total number of sanctioned beds in the Hospital is 128, of which 68 are for male, and 60 for female patients. The daily



average of inpatient attendance during the last two years is as follows :—

|      |    |    |    |
|------|----|----|----|
| 1957 | .. | .. | 78 |
| 1958 | .. | .. | 75 |

The daily average attendance of Out-patients during the last two years was :

|         |    |    |    |
|---------|----|----|----|
| in 1957 | .. | .. | 5  |
| 1958    | .. | .. | 10 |

I understand that according to the existing arrangement the staff would be increased according to requirements, in case any epidemic of infectious disease breaks out. This is quite reasonable.

*Teaching arrangements :*

The students from Mysore Medical College visit this hospital once a year with a Professor and an Assistant Professor and see the cases here. So also students from Kerala Medical College, attend twice a year. The instruction is mainly clinical and is confined to the wards.

The students from the Bangalore Medical College would eventually come here for clinical instruction in infectious diseases. Dr. Abdul Samad Shariff, Medical Officer of the Hospital gives necessary instruction in this subject.

*Recommendations :*

1. There is no clinical laboratory in the Hospital. It is recommended that a suitably equipped Pathological Laboratory with a trained technician should be provided here at an early date.

2. There is need for a Lecture hall here. This should also be provided.

3. There is demand from the public for special accommodation and it is recommended that two special wards to accommodate two male and two female patients in each may be provided.

4. The water supply in the hospital is not satisfactory. It is recommended that adequate supply of water should be assured and that the matter may be taken up with the Municipal Corporation for necessary action.

5. It is recommended that Medical Officers and Visitors who attend this hospital should wear sterilized white coats provided by the Hospital authorities as a precautionary measure.

## APPENDIX 9(f).

*Inspection of Government Tuberculosis Sanatorium, Old Madras Road, Bangalore, by Major General S. L. Bhatia, I.M.S. (Retd.) on 6th May 1959.*

I visited the Government Tuberculosis Sanatorium, Old Madras Road, Bangalore on 6th May 1959. Dr. V. B. Naidu, M.B.B.S., T.D.D. (Wales), Superintendent, kindly took me round the hospital.

*General :*

It was stated that this Sanatorium was opened on 15th October 1944 and was formerly run by the Civil and Military Station authorities prior to retrocession. It was handed over to the Government of Mysore in the year 1947 with other Civil Area Hospitals.

The Hospital has got one Superintendent, who has specialised with T.D.D., Diploma, one Assistant Surgeon Grade I and two Assistant Surgeons Grade III, among whom one is a Lady Assistant Surgeon, who looks after the Women inpatients of the hospital.

The Sanctioned bedstrength of the hospital is 106, and the total number of inpatients as on 6th May 1959 was 102. It was reported that they are going to have another 40 beds which will be accommodated in the new buildings. It was suggested that they should have a small window for the Nurses Room from where the Nurses on duty could see the patients in the ward easily.

It was also suggested that the T. B. patients particularly should have plenty of fresh air and the beds should be so arranged that they should not face one another very closely. This kind of arrangement will go a long way to prevent the spreading of disease. Children should not be allowed to mix up with the adult patients.

*Laboratory :*

This Institution has got a small laboratory with a trained Laboratory Technician. It has got two microscopes but more laboratory equipment should be supplied.

*X-Ray Department :*

There is an X-ray Department. There is no trained X-ray technician. Arrangements may be made to post a trained X-ray technician immediately. Proper Dark room should be constructed.

*Operation Theatre :*

The present Operation Theatre is rather exposed. It needs more equipment.

*Nurses :*

An increase in the Nursing Staff is urgently needed.

*Quarters :*

Residential accommodation for the Medical personnel and the Nurses should be provided as early as possible.

*Water Supply :*

I was informed that there is no proper supply of water to the institution. In a T. B. Institution proper supply of water is of utmost importance. Therefore this matter should be taken up with the Municipal authorities and the Government so as to improve the situation at an early date.

*Teaching Facilities :*

No teaching work is done here at present.

*Special Allowance :*

The Superintendent pleads that some special allowance should be given to him, since he has got all necessary higher qualifications like the other specialists.

*Victory After Care Colony :*

There is an attached Rehabilitation Colony called Victory After Care Colony, meant for discharged patients who can be engaged in small scale cottage industries. This needs further expansion.

## APPENDIX 9(g).

*Bowring and Lady Curzon Hospitals, Bangalore.*

I visited the Bowring and Lady Curzon Hospitals, Bangalore, on the 14th May 1959. Dr. V. R. Naidu, M.B.B.S., M.S., M.R.C.P., (Lond.) D.T.M. and H., F.A.S.C.P., Superintendent of the Hospital took us round the Hospital. Again on 27th January 1960 I visited the Hospital with Dr. T. B. Medappa when Dr. C. S. David, Superintendent in charge took us round the Hospital.

*Historical Note.*—The Bowring Hospital was built in 1868 on the plan of the Laraboisiere Hospital, Paris, and was formally opened in that year by Mr. Bowring, Commissioner of Mysore. It was originally a medical institution belonging to Mysore State, but in 1884 it was made over to the Civil and Military Administration.

This Hospital was the only Civil Medical Institution of Bangalore till 1900. It had accommodation for 104 beds, of which

80 were for men and 24, for women patients. Additional accommodation for the treatment of female cases was provided by donations contributed by philanthropic citizens and by the Government of India. This additional hospital goes by the name of Lady Curzon Hospital. The two Hospitals were fully equipped with X-ray and Pathological laboratory. They were both placed in the combined charge of one Superintendent in 1911.

A training school for nurses was started here in 1911, and is known as Lady Chelmsford School of Nursing. It is recognised by the Madras Nursing Council.

In 1947, the Civil and Military Station was retroceded to the Mysore Durbar. In consequence of this, the Bowring and Lady Curzon Hospitals along with the other medical institutions of the area were placed under the administrative control of Mysore Medical Department. Subsequently the following special departments were established here:—

- (A) Eye Department;
- (B) E. N. T. Department, and
- (C) Dental Department.

Additional wards were also constructed to increase the bed strength of the Hospital to 538.

*Accommodation.*—The sanctioned bed strength of the hospital is 538 since the opening of Narayanaswamy Ward and Baby Ward (Annex.) There were 604 inpatients and 1,039 out-patients on 27th January 1960.

*Staff.*—The Medical and Nursing staff at present is as follows:—

| <i>Medical</i>                  |    | <i>Men</i> | <i>Women</i> |
|---------------------------------|----|------------|--------------|
| Surgeons                        | .. | 6          | 1            |
| Assistant Surgeons Grade I      | .. | 4          | 1            |
| Assistant Surgeons Grade II     | .. | 7          | 4            |
| Assistant Surgeons Grade III    | .. | 8          | 3            |
| Hon. Medical Officers           | .. | 2          | ..           |
| Hon. Assistant Medical Officers | .. | 5          | ..           |
| Hon. Dental Surgeon             | .. | 1          | ..           |
| Dental Surgeon (Part-time)      | .. | 1          | ..           |
| <i>Nursing</i>                  |    |            |              |
| Nursing Superintendent Grade I  | .. | ..         | 1            |
| Nursing Superintendent Grade II | .. | ..         | 14           |
| Nurses                          | .. | 2          | 27           |
| Midwievs                        | .. | ..         | 6            |
| Sister Tutors                   | .. | ..         | 2            |
|                                 |    |            | (Vacant)     |

*Nurses.*—There are 90 probationery nurses under training at present.

*Teaching Facilities.*—It is not a teaching Institution at present. Arrangements should be made to develop this hospital as a teaching Centre for post-graduate medical education. It possess ample clinical material and other facilities for this purpose which should be further extended.

*Casualty Room.*—The casualty room ought to be located in the out-patient department of the hospital and an Anaesthetist should be available there for emergency operations.

*E. N. T. Department.*—The E. N. T. Department is headed by Dr. C. S. David, M.B.B.S., D.L.O. (Lond.), Surgeon and E.N.T. Specialist. The daily attendance in this Department is about 150 patients. The E.N.T. Specialist is assisted by an Assistant Surgeon. Arrangements should be made to depute some medical graduates to receive training in this speciality.

*Dental Department.*—Dr. P. S. Kapadia, Hon. Dental Surgeon attends everyday and Dr. Venkataramaiah, who is borne on the staff of the Victoria Hospital, attends this Hospital on alternaitve days.

*Pathological Department.*—The Pathological Department consists of one Surgeon, Dr. S. L. Gopalaswamy, M.D., an Assistant Surgeon, Grade III, a Bio-Chemist and two Laboratory Technicians. This Department caters to the needs of the entire hospital. It is essential to provide suitable Ward Laboratories also for routine ward work.

*Inpatient Compounding Room.*—There is an inpatient compounding room near the Medical Stores, where all mixtures are prepared and sent to the wards every afternoon.

*X-Ray Department.*—There is a well equipped X-ray Department. Radium is also available in the Hospital and the cases requiring radium treatment are treated in the operation theatre. Some of the old X-Ray Machines should be replaced by new ones.

*Kitchen.*—A qualified Dietician is required in this Hospital.

A special feature of this hospital is, that the Sisters of charity are in-charge of the Central Hospital Kitchen and the distribution of food. They are also incharge of the stocking and issue of linen. This arrangement is very satisfactory. The Sisters of Charity are rendering excellent service at the Hospital.

I would like to see the same practice adopted in the other hospitals also, if possible.

*Children's Ward.*—There is a Children's ward. I noticed during my first visit that there were two T. B. patients who were undergoing treatment there. On no account should open cases of Tuberculosis be kept in the Children's ward, where other general cases are being treated.

This ward was overcrowded. More accommodation for the treatment of sick children is urgently needed.

*Major Operation Theatre.*—There is a Major Operation theatre which is maintained in an excellent condition. It is very well equipped with all the necessary surgical equipment.

*Minor Surgical Theatre.*—There is a minor operation theatre in the hospital, where minor surgical operations are carried out.

*Married Nurses Quarters.*—I was told that there is a proposal to acquire the piece of land available between Queen's Road and Miller Road for construction of married Nurses Quarters. No other space is available near the hospital for this purpose. I recommend this proposal.

*Quarters for Hospital Servants.*—Construction of Quarters for Hospital servants is also desirable.

*Administrative Block.*—The construction of the Administrative Block is now complete. Electric installation work is being carried out presently.

*Additional Wards.*—Sanction has been accorded in G.O. No. I.LH 57 MEG 57, dated 14th March 1957 for the construction of new wards to accommodate 132 beds. Necessary action should be taken at an early date to commence this work. Further, a donation of Rs. 50,000 has also been received from Sri C. S. Krishnaiah Setty for the construction of a Children's ward. The question of having a comprehensive building to accommodate wards and out patient department is under active consideration with the Government Architect and the hospital authorities, and I trust, it will take practical shape before long.

*Maternity Section.*—The Maternity Section is in the charge of Dr. Kokila Ramabrahama, Lady Surgeon. There are Rs. 10, Rs. 5 and Rs. 2.50 wards in the Maternity Section. Eclampsia cases are also admitted here.

*Eye Department.*—The Eye Department is headed by Dr. M. B. Sundar Rao, M.B.B.S., D.O.M.S., (Lond.) Surgeon and Eye Specialist.

The daily attendance of this Department is 75 to 100. For teaching purposes extra staff and accommodation would be necessary.

*Chest Clinic.*—There is a chest clinic in the O. P. Department which is looked after by Dr. C. R. Peris, Hon. Medical Officer.

*Separate Out-patient Department.*—Arrangements may be made for acquiring the land and buildings belonging to St. Paul Church adjacent to the Bowring and Lady Curzon Hospitals in order to put up a new block of the out-patient Department to provide additional facilities for the Public.

*Kapoor Ward.*—There is a separate Surgical Block named after the Donor as the Kapoor Ward. It has accommodation for 40 beds.

*Additional Facilities :*

(1) *Public Health Nursing.*—The Bowring and Lady Curzon Hospitals have been recognised for the integration of Public Health Nursing in the basic Nursing Course. This integration is very desirable, and should be introduced as early as possible.

A building for the teaching of Public Health Nursing has been constructed here and will soon be occupied.

The Chief difficulty in starting this Public Health Training is the non-availability of a qualified Sister Tutor. I understand, that Sister Chacko, who is working in the Public Health Department is well trained for this purpose, and it is recommended, that she may be posted at this hospital for this work.

(2) *Sister Tutors.*—In this connection I would like to add, that there is a great shortage of Sister Tutors in the State. Some nurses are being sent for this training to the Colleges of Nursing at New Delhi and Vellore. I recommend, that the number of such trainees should be increased, so that we have adequate supply of Sister Tutors for all the training Centres for Nurses in the State.

(3) There should be a ratio of one Nurse to five beds in the General Medical and Surgical wards and one Nurse to three beds in the Maternity Wards.

(4) *Lecture Theatre.*—For purposes of teaching, a clinical lecture theatre in the hospital is very necessary. This should be provided soon.

(5) *X-Ray Department in the out patient Department.*—An X-ray Department is essential in the out-patient department of the hospital and arrangements should be made to provide it.

(6) *Residential Accommodation for Students and Internees.*—When this hospital is up-graded into a teaching institution, it will be necessary to provide residential accommodation for the students on duty and Internees and House Surgeons. This should include adequate recreational facilities.

(7) *Special Department.*—The following special departments should be added to the Hospital with requisite staff:—

- (a) Venereal Diseases and Skin Department.
- (b) Paediatric Department and
- (c) Orthopaedic Department.

(8) *Linen for Class IV Officials.*—It is recommended that two sets of dresses should be issued to Class IV Officials of all the



hospitals, instead of one dress as at present, so that they may be neatly dressed.

(9) *Anti-Rabic Treatment*.—Necessary facilities should be provided in the out-patient Department and the Casualty room for giving anti-rabic treatment.

(10) *Radiographers*.—There is a shortage of Radiographers. Their number should be increased by providing more facilities for their training in the State or by sending them to the Barnard Institute of Radiology, Madras for necessary training.

(11) *Equipment*.—The following equipment is required in the Hospital :—

(a) Laboratory equipment for developing Bacteriology section.

(b) Equipment for Blood Transfusion.

(c) Schoul's Apparatus for Physiotherapy Department.

(e) Operation Table for Gynæcological operation theatre

(e) Operation Table for Gynæcological operation theatre and other necessary equipment.

(f) Equipment for Family Planning.

(g) More equipment for the E. N. T. and Eye Department.

(12) *Buildings*.—Apart from the buildings already referred to, it is recommended that the proposal for the following extensions may be approved.

(a) Extension to Nurses Lecture Hall.

(b) Extension to the Central Kitchen.

(13) It is recommended that the Hajee Sir Ismail Sait Gosha Hospital which is quite close to the Bowring and Lady Curzon Hospitals, should be utilised for teaching purposes, when Bowring and Lady Curzon Hospitals are upgraded for post-graduate medical education.

There is ample clinical material in the Hajee Sir Ismail Sait Gosha Hospital which could be profitably integrated with the facilities at the Bowring and Lady Curzon Hospitals, for post-graduate institution.

A copy of my inspection report on the Hajee Sir Ismail Sait Gosha Hospital has already been submitted to Government.

(14) In case it is decided by Government to upgrade the Bowring and Lady Curzon Hospitals for post-graduate instruction, it will be necessary to reorganise them in respect of staff, equipment and accommodation according to recommendations made by the Indian Medical Council in this behalf.

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## APPENDIX 9(h).

*Hajee Sir Ismail Sait Gosha Hospital, Bangalore.*

I visited the Hajee Sir Ismail Sait Gosha Hospital, Bangalore on 14th May 1959. Dr. T. B. Medappa, Deputy Director of Medical Services, accompanied me. Dr. Lalitha Gurubasaviah, M.B.B.S., Medical Officer, kindly took us round the hospital. The hospital was kept very neat and tidy.

*General.*—This Hospital was opened on 24th November 1925 and was formerly run by the Civil and Military Station authorities prior to retrocession. It was handed over to the Government of Mysore in the year 1947 along with the other Civil Area Hospitals.

*Staff.*—The Hospital has got a Medical Officer, (Assistant Surgeon Grade I) One Assistant Surgeon, Grade II and two Assistant Surgeons Grade III. Adequate number of medical personal should be sanctioned considering the increase of inpatients and the out-patients, so that the Doctors can devote more time to the care of the patients and the writing up of case notes.

*Bed Strength and Out-patient Attendance.*—The sanctioned bed strength of the hospital is 100 and the total number of inpatients as on 14th May 1959 was 120. The daily average of out-patient attendance is about 250 per day.

The hospital has got Medical, Surgical and Children's wards. The Medical and Surgical cases should not be put together and they must be separated. So also the Maternity cases. Special care should be taken to separate the Maternity cases from the other cases.

*X-Ray.*—There are no X-Ray facilities here. A diagnostic X-ray apparatus must be provided for this Hospital early.

*Laboratory.*—There are no Laboratory facilities here. Laboratories should be provided at least for routine work in each section of the Hospital, such as Medical Surgical and Children's Wards. It was noted, that the Hospital authorities are sending Blood and Urine to the Bowring and Lady Curzon Hospitals, Bangalore for examination. This is not a very convenient thing to do. All routine laboratory work should be done in the hospital itself.

*Nurses.*—Adequate nursing staff should be provided considering the number of inpatients treated. Necessary residential accommodation should also be provided for all of them.

*Quarters for Menials.*—Additional quarters for the menials should be constructed.

*Emergency Ward.*—There is an emergency ward for the treatment of serious cases.

*Children Ward.*—There is a Children's Ward having ten beds. This accommodation is not enough and needs to be increased at an early date.

The mothers are allowed to stay with their children in the ward.

*Stores.*—It was reported that the supply of Medical Stores was not satisfactory and in consequence the poor patients had to suffer. The Medical Officer, requests that a special poor fund may be sanctioned for the purchase of necessary drugs for the use of poor patients in case they are not supplied by the Medical Stores. Action should be taken to supply the necessary drugs from the Medical Stores and to obtain Government sanction for having a poor fund account in this hospital.

*Labour Room.*—It was stated that the normal Maternity cases were kept in the hospital for seven days after delivery. But in some exceptional cases they stayed for a longer period.

There is a separate room for cases of Eclampsia.

*Operation Theatre.*—Operation theatre was neat and tidy. The O. T. table which is of Indian make, is of every good quality. Boyle's apparatus and steam sterilisers are necessary and they should be provided.

It was reported that the Medical Officer, is doing Major operations and it is necessary to have a post-operative ward. This is very essential and should be provided immediately.

*Paying Wards.*—There is a separate building for accommodating paying patients i.e., Rs. 2-8-0 per day. It has got 30 beds.

An electric lift should be provided for the use of Maternity patients.

*Expansions.*—The Hospital is becoming very popular and needs immediate expansion. There is ample space round about the Hospital premises for this purpose.

*Teaching Facilities.*—No teaching work is done in this Hospital at present.

*Hot Water Boilers.*—Boilers for heating the water are urgently required.

*Laundry.*—Laundry facilities should be provided.

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## APPENDIX—9(1).

*The Kempuchaluvajammanniyavaru Maternity Hospital,  
Bangalore.*

I visited the Kempuchaluvajammanniyavaru Maternity Hospital, (Maternity Hospital, Malleswaram), Bangalore on 20th May 1959 with Dr. T. B. Medappa, Deputy Director of Medical Services, Bangalore. Dr. Lalitha Ranganathan, B.Sc., M.B.B.S., Medical Officer, kindly took us round.

*General.*—The Appaiah Naidu Maternity Home constructed by Sri Appaiah Naidu of Malleswaram, which was opened on 24th November 1940 and managed by the Corporation of the City of Bangalore, was taken over by the Government of Mysore during the year 1945 for being converted into a Maternity Hospital.

The Maternity Hospital is catering to the needs of nearly three lakhs of people coming from Seshadripuram to Jalahalli and from Kumara Park to Rajaji Nagar and surrounding villages. The daily average of out-patients is between 300—350. Besides antenatal and postnatal, baby clinics are also held, twice a week.

*Bed Strength and Out-patient Attendance.*—Though the sanctioned bed strength of the Hospital is 110, the actual number of inpatients on 20th May 1959 is 186. It was stated that on the average there are about 10 deliveries daily. The daily average of out-patients in 1958 was 318.

*Medical Staff.*—Apart from the Medical Officer, there is one Assistant Surgeon, Grade II and Five Lady Assistant Surgeons Grade III.

The Assistant Surgeon Grade II has been called as a Resident Medical Officer. She is staying out-side the Hospital, since there are no residential quarters for Doctors, Nurses and Class IV Officials. It was surprising to note that even the Medical Officer of this Hospital has not got quarters here. Residential quarters for the R.M.O. are an urgent necessity. In the first instance at least a telephone should be provided at the residence of the Resident Medical Officer.

*X-Ray.*—There are no X-ray facilities here. I was given to understand, however, that Government have accorded sanction for the purchase of an X-ray plant for use of this Hospital. Arrangements may be made to house the equipment immediately in one of the vacant rooms of the hospital. A trained X-ray Technician may also be posted immediately.

*Laboratory.*—The Hospital has not got a Laboratory yet. I do not know how the Hospital Authorities have been able to carry on so far without this. Immediate arrangements may be made to

provide a Laboratory with a trained Laboratory Technician and necessary equipment. At least a Microscope may be sanctioned immediately.

*Nurses.*—There are only 11 Nurses and 5 Midwives in this Hospital. This is not adequate. Sufficient number of Nurses may be posted. A Nursing Superintendent Grade II may also be posted.

*Operation Theatre.*—The operation theatre in the Hospital is well equipped. The Medical Officer and the Resident Medical Officer perform operations.

*Midwifery Training.*—Midwifery training classes were said to have been conducted in the Hospital. But for the last one year they were not trained here because Government have opened a training Centre in Ramanagaram.

*Post Operative Ward.*—There is a post operative ward where the operation cases are treated.

*Training Facilities for Lady Students.*—No teaching work is done here at present. The possibility of training lady medical students in Midwifery at this hospital needs consideration. For this purpose it will be necessary to provide some accommodation for the lady students to reside there.

*Residential Quarters.*—Residential quarters for the Doctors, Nurses Class IV Officials and Ministerial staff should be provided immediately.

*Postmortem Room.*—There is a mortuary in the Hospital, but postmortem examinations are not conducted. The Hospital authorities do not take any medico-legal cases in the Hospital but send them either to the Victoria or Bowring and Lady Curzon Hospital.

*Expansion.*—Since the present Maternity Hospital is increasing in bedstrength day to day, arrangements should be made to expand the hospital to meet the needs of the Public. I was informed that already there is a move to construct a new building adjacent to the present one, to meet the needs of the people. After going through the blue print of the new proposed building I am of opinion that the new building may be constructed by slightly modifying the plan so as to provide more amenities to the patients. I have suggested certain amendments to the plans so as to make the wards more airy and lighted.

## APPENDIX—(j).

Copy of letter No. HOSP—GENL-54, dated 13th January 1959 from the Director, All India Institute of Mental Health and *Ex-Officio* Superintendent, Mental Hospital, Bangalore, addressed to the Director of Medical Services in Mysore, Bangalore. (Appendix to item—Chapter (6) (vii) in the Report.)

*Sub.*—Proposed revision of the number of medical, nursing and other staff in the Government Mental Hospital, Bangalore.

*Ref.*—Letter No. GL—614, dated the 8—12th May 1959.

In Government Order No. M. 13373-75—Med., dated 24th September, 1956, the Government of Mysore stated that according to the scheme for upgrading the Mental Hospital, Bangalore, the bed strength would have to be increased from 300 to 500 and therefore, accorded sanction for the entertainment of a few additional staff. Subsequently Dr. W. Mayer Gross was deputed by the W.H.O. to study the adequacy of the facilities available in the Hospital for medical, psychiatric and clinical services. He has reviewed the working of the hospital and has reported as follows, with which I agree:—

“The work in the Hospital and the service it renders to the public have shown a marked increase during the last 6 years, while the number of new admissions to the hospital was 725 in 1950 this number amounted to 998 in 1954 and 993 in 1955, 1,145 in 1956, 1,187 in 1957 and 1,379 in 1958. The daily population of the hospital has risen from about 320 to over 650 in 1958. This increase is not due to the retention and accumulation of chronic cases within the Hospital, but to a constant intake and discharge of patients mainly—curable cases, who can be returned to their families after treatment. A recent count of all cases has demonstrated that only 26 per cent have been in the hospital longer than two years. Voluntary admissions represent more than 60 per cent. These statistics demonstrate that this hospital is an active centre for treatment of fresh and curable patients.

The increase in medical and nursing staff has NOT, however, kept pace with the increased work shown above and even less with the general progress in treatment—methods developed in the field of psychiatry. This is reflected in the inadequate conditions under which the patients are living at present and the strain under which doctors and nurses are working to keep up a tolerable standard of care”.

Similar criticisms have been made by other International experts, who visited the Hospital and also by those who were assigned to the Institute subsequently, such as, Dr. Hoenig, M.D., Consultant in Neurophysiology, Dr. D. M. Leiberman, M.D., M.R.C.P., D.P.M., W.H.O., Professor of Neurology, etc.

2. With the concurrence of the Government of Mysore, the Government of India have established the All-India Institute of Mental Health in association with the Mental Hospital, Bangalore as a first centre for post-graduate teaching, training and research in all aspects of mental health such as Psychiatry, Psychology, Neurology, etc. A number of young psychiatrists, psychologists and psychiatric nurses are undergoing training at this Hospital and this hospital has to be developed as a model Mental Hospital in the country.

The Government of India have included a sum of Rs. 26 lakhs for the development of the Institute and various senior appointments have been made in this Institute. The Government of Mysore also have agreed to provide the necessary staff and equipment for the natural development of the Hospital (*vide* Item No. 11(b) of the Minutes of the Meeting of the Governing Body held on 12th September 1956, wherein Shri G. V. K. Rao, the then Secretary to the Government of Mysore, assured the Governing Body that any expenditure due to the natural development of the Hospital would be met by the Mysore Government.)

Hence to keep pace with the development of the Institute and also due to the influx of patients from the newly added areas of the Mysore State after the reorganisation of States, the present sanctioned staff (for 300 beds) is thoroughly inadequate to look after the needs of over 600 patients. The Hospital, due to the inadequacy of staff is deteriorating and if this state of affairs is allowed to continue this Hospital, which was once a model institution in this country will be deteriorated to that of a lunatic asylum.

I might also add, that a detailed proposition statement for the revision of staff of this Hospital was submitted to the Director of Medical Services with this office letter No. 3001, dated 2nd February 1957, for which I have not received any reply.

The staff structure of an institution of this type should be as follows and a special allowance of Rs. 75 per mensem should be paid to all Assistant Surgeons who possess a D.P.M. Diploma of the University of Mysore or of any other foreign University.

*Assistant Surgeons Grade I.*—At present there are only 4 Assistant Surgeons Grade I sanctioned at this Hospital. The number of Assistant Surgeons Grade I should be increased to 14 for the following reasons :—

*Psychiatric Unit.*—Psychiatric patients are accommodated in 3 pavilions of this hospital. At least there should be 2 trained psychiatrists in each ward (approx. 200 patients in each ward) who can be in charge of the wards and out-patients services. Eight additional wards are being proposed for construction, and they need medical, nursing and ancillary services.

*Children's unit.*—The Government of Mysore have kindly sanctioned a sum of Rs. 1,90,000 for the construction of a children's Unit for this Hospital and it is hoped that patients can be admitted



to this unit at the end of this year or early next year. This Unit requires the services of 2 Child Psychiatrists with M.B.B.S. and D.P.M. qualification, in addition to one Officer in-charge which I hope will be provided by the Institute.

*Neurology Department.*—The fourth pavilion of the Hospital is the Neurology Unit. Thirty out of the 50 beds are acute cases and the nursing and medical care required should be of a degree even higher than an ordinary general hospital dealing with acute medical and surgical cases. This involves a far higher nurse-patients ratio compared to the psychiatric cases. It might also be mentioned, that no new medical and nursing staff have been sanctioned since the opening of the Neurology Block. Considerable difficulty is being experienced and the proposed staff might kindly be sanctioned on a priority basis and be posted immediately.

The Hospital should at least provide two Assistant Surgeons Grade I for the Neurology Wards for the routine examination and care of the in-patients and out-patients and to assist the senior staff of the Institute, whose main work would be teaching and research. This being an acute ward there should be one doctor on duty always as danger to life due to post-operative complications is very common in Neurosurgical cases. The doctors posted to this unit will be trained by the Officers of the Institute.

In addition to the Medical staff, the following nurses and auxiliary staff are required for this department :—

|                 |    |    |   |
|-----------------|----|----|---|
| Physiotherapist | .. | .. | 1 |
| Nurses Grade I  | .. | .. | 3 |
| Nurses Grade II | .. | .. | 7 |
| Ward Boys       | .. | .. | 6 |
| Ayahs           | .. | .. | 6 |
| Thoties         | .. | .. | 4 |

These are the minimum requirements for a Neurology Unit of 50 beds.

*Neuro-Surgery.*—This being a team work and requires considerable experience and training, the following staff are absolutely essential :—

One Assistant Surgeon Grade I to work as understudy to the Neuro-Surgeon of the Institute, who after getting training can independently do neurosurgical procedures particularly when faced with emergencies.

*One Blood Bank Officer.*—He should be of the rank of an Assistant Surgeon Grade I. Blood Bank is absolutely essential in any place where Neurosurgery is conducted. The operations last for 8 to 10 hours and the blood to be replaced promptly and adequately. The rate at which surgical work is being undertaken requires the services of a fulltime officer trained in this work.

A *Technician* also is necessary for this purpose, who can do other types of hæmatological work for this department.

Two *Nurses* are to be posted and trained for this particular type of work. With the appointment of the Anæsthetist it will be possible to conduct operations every day and one nurse will not be able to cope up with the work and hence the necessity for two nurses.

*Neuro-Radiology.*—In addition to the senior officers of the Institute there should be one officer of the Hospital, a Grade I Assistant Surgeon, to be the understudy and to look after the routine work of the department.

Separate proposals have been submitted to the Government of Mysore for the creation of the following posts (*vide* letter No. Hosp.—Genl. 17, dated 17th December 1958):—

|                                 |    |    |     |
|---------------------------------|----|----|-----|
| 1. Radiographers                | .. | .. | Two |
| 2. Dark Room Assistant          | .. | .. | One |
| 3. Dark Room and X-Ray Attender | .. | .. | One |
| 4. Attender                     | .. | .. | One |

In addition to the above, a Grade I Nurse to be appointed permanently to this department because it requires specialised training.

*E. E. G. Department.*—The immediate requirement of this Unit is the appointment of a Grade I Assistant Surgeon to be in charge of the department and to attend to the clinical interpretation of the E.E.G. records. One out of 3 of the cases admitted to the Neurology ward requires this type of investigation and due to the opening of the Neurology ward, the work load of this department has increased considerably.

Hitherto, this was being attended by the officers of the Institute and the International staff appointed to this Institute. Now it has become essential to appoint a fulltime Officer (Medical) to be in charge of the department and also to interpret the E.E.G. records. The Officer thus appointed will be trained by the staff of the Institute and also by the part-time E.E.G. Officer attached to this department.

In addition to the above, this department requires the services of an E.E.G. Technician, a First Grade Nurse and an attender.

*Laboratory.*—A well equipped Laboratory is absolutely essential in any hospital and more so in a mental hospital where all types of cases are treated. For any systematic and thorough investigation of cases a laboratory is essential and hence the following additional staff might kindly be sanctioned:—

|                              |    |    |       |
|------------------------------|----|----|-------|
| 1. Assistant Surgeon Grade I | .. | .. | One   |
| 2. Laboratory Technician     | .. | .. | Four* |
| 3. Laboratory Attenders      | .. | .. | Six*  |

\* This has been separately taken up with the Government *vide* this office letter No. Misc. 701, dated 13th May 1959.



*Occupational Therapy.*—This form of treatment is as important as any other form of treatment for the rehabilitation of the mental and neurological patients.

The existing staff is thoroughly inadequate to conduct regular occupational therapy for the patients. The number of patients requiring this type of treatment is more than 300 every day, and hence the necessity for the appointment of the following staff:—

|                                                  |    |    |       |
|--------------------------------------------------|----|----|-------|
| 1. Occupational Therapists                       | .. | .. | Two   |
| 2. Assistant Occupational Therapists             | .. | .. | Two   |
| 3. Store-keeper to be in-charge of the materials |    |    | One   |
| 4. Weavers                                       | .. | .. | Two   |
| 5. Carpenters                                    | .. | .. | Two   |
| 6. Tailors                                       | .. | .. | Three |
| 7. Artists                                       | .. | .. | Two   |
| 8. Book Binder                                   | .. | .. | One   |
| 9. Basket Maker                                  | .. | .. | One   |
| 10. Wood Carver                                  | .. | .. | One   |
| 11. Painter                                      | .. | .. | One   |

The man power that go to waste in the mental hospital can be profitably utilised and the materials prepared by the patients can be sold and will easily bring in a good return. The staff suggested is the absolute minimum requirement and is very essential, hence might kindly be sanctioned.

*Kitchen.*—For 650 patients the sanctioned strength of diet distributors is only three. This is far from being satisfactory. Two diet distributors each are required for the female and male wards and one each for the special wards (male and female). Hence the necessity for the creation of 3 more diet distributors.

With the opening of the Children's Unit one more House keeper will be essential.

Three Cooks are supposed to cook the food for 600 patients. Considerable difficulty is experienced and hence the creation of the post of three more cooks for the hospital.

*Nursing staff.*—The inadequate number of nurses in the wards is one of the reasons for the improper care and treatment of patients. The number of Nurses sanctioned for existing 650 patients are :

|              |    |    |          |
|--------------|----|----|----------|
| First Grade  | .. | .. | Three    |
| Second Grade | .. | .. | Eighteen |

This is thoroughly inadequate. The number of grade I Nurses should be increased to 15 and Grade II to 45. This means that a nurse will have to attend to 20 patients as only half of the nurses

will be on duty and the other half will have off duty. The nurse-patient ratio in Western countries is 1:10. This may not be possible for the present but the ratio of 1:20 should be maintained.

The nurse-patient ratio in the Neurology and Children's Unit should be much more and hence it is absolutely essential to have at least 15 First Grade and 45 Second Grade Nurses on the whole for the hospital.

The post of Nursing Superintendent has been upgraded to that of a First Grade. But the Second Grade Nursing Superintendent's post has been abolished. For the efficient working of the nursing staff there should be two more Second Grade Nursing Superintendents—one for the Neurology and Children's Unit and the other for the Psychiatric wing of the hospital.

*Ward Attendants.*—The existing strength of the Ward Attendants is insufficient. Since there are violent cases individual attention of patients is necessary. The existing strength is only 35 male ward attendants and 25 female ward attendants.

The number should be increased as follows :—

|                        |    |    |     |
|------------------------|----|----|-----|
| Male ward attendants   | .. | .. | 125 |
| Female Ward Attendants | .. | .. | 100 |

Even if the above numbers are sanctioned only 62 male and 50 female ward attendants will only be working at the same time in the wards and they have to work in shifts. This means that a ward boy will have to look after 10 patients. Even this is not sufficient in a psychiatric hospitals. Leave vacancies have also to be provided for.

The number of Thotis and Watchmen is also to be increased. Existing number of 8 male and 8 female thotis will have to be increased to 25 and 20 respectively. This includes the requirement of the entire hospital including the Children's Unit and the Neurology Unit.

Eight watchmen are required as there are 4 gates for the hospital. Since the watchmen are to be on duty for 24 hours, the necessity is there for 8 posts to work in shifts.

*Linen and Laundry.*—The Linen and Laundry department of the hospital is most inadequately staffed. This has been pointed out by all the Visitors to this Hospital including the W.H.O. consultants. One dhobi is supposed to wash the clothes of 600 patients, when at the same time the demand is increased by the admission of about three new patients every day. Nothing is provided for ironing of the clothes and linen. Five additional Dhobies are required.

*Barber.*—At present there is no post of barber sanctioned for the permanent establishment. Two posts of barbers are essential to cater to the needs of 600 patients.

*Stenographer.*—Documentation of psychiatric cases is very important. At present nearly half the time the doctor spends on wards is utilised for this purpose. Correspondence regarding the patients is also increasing. If three stenographers are appointed the doctors can dictate the case history of patients and can save much of their time. This time can be utilised in a more useful manner. Hence the need for 3 stenographers for the hospital.

*Receptionist.*—As the procedure of admission and discharge etc., adopted in this hospital is different from that of a general hospital, the relatives of the patients and informants have to be guided properly.

Out-patient services are conducted every day except Sundays and Saturdays. The out-patient records are kept in the Out-patient Department, and the service of a receptionist is very essential. Since the hospital hours start from 8 A.M. one man cannot work till the evening and hence the need for two receptionists.

*Qualified Accountant.*—The cash transaction in the office has increased considerably. The budget estimates have increased. At present this work is done by the Steward. This arrangement is very unsatisfactory and this leads to considerable difficulty. Hence the need for a qualified accountant to handle the accounts of the hospital. This post is in existence in all the major institutions of the State.

*Cashier.*—As the accountant cannot be entrusted with cash this has to be done by a Cashier. The volume of such transactions has increased very much, and the services of a full-time Cashier are essential.

*Internal Auditor.*—This is allowed in other major institutions. In view of the huge financial commitments every year the appointment of an internal auditor will certainly be useful and the audit objections will be minimised considerably. Hence the creation of this post is considered very essential.

*Store Clerk.*—Considerable amount of money is spent on purchasing equipment and other hospital stores. This has to be handled by a separate Store Clerk. The Clerical work in the medical store also is done by the doctor, who is in charge of the Stores. Valuable time of the Doctor is wasted by attending to the clerical work. Hence the need for the appointment of a Store Clerk.

*Typist.*—The entire typing work is at present attended to by one typist. Since he is overworked, considerable delay is experienced in typing letters and this has to be overcome by the appointment of two more additional typists.

*Psychiatric Social Services.*—This is a very important branch of psychiatry and is gaining more importance in the Psychiatric Services.

The number of posts sanctioned is only one. This must be increased to two, as one officer will not be able to cope up with the work.

The scale of pay also needs revision. The minimum qualification should be an M.A., D.M.P., with psychiatric experience and hence the scale should be Rs. 250—450.

*Psychologists.*—The present sanctioned strength is only three, two male and one female. This is adequate for the psychiatric patients, but when the Children's Unit starts functioning the number should be increased to 7. The scale of pay should be revised to Rs. 250—450.

Since the minimum qualifications prescribed for the following posts are the same, their scale of pay should be similar *viz.*, Rs. 250—450 :—

- (i) Psychiatric Social Worker.
- (ii) Psychologists.
- (iii) Teacher in Child Psychiatry.

Unless the scale of pay is fixed as Rs. 250—450 for the post of Occupational Therapist also, no suitable and qualified candidate will be forthcoming.

The scale of pay of Assistant Occupational Therapist should be Rs. 150—350. Otherwise no suitable candidate will be forthcoming.

I am enclosing herewith 4 copies of the proposition statement. It will be seen from the above the necessity for the creation of additional posts mentioned therein. In view of the financial commitments these posts may be created in phases. The total cost will amount to Rs. 27,770 per month if all the posts are sanctioned during this year.

A separate statement enumerating the number of post to be created each year is also enclosed herewith. The cost on this account works up Rs. 14,490-75 (during 1959-60) which will have to be met by the savings in this year's budget and additional grant for the subsequent year's budget.

Early orders of the Government are requested for the creation of the posts mentioned in the attached statement (Statement No. 2) for the current financial year.

#### APPENDIX—10 (a).

##### *Krishnarajendra Hospital, Mysore.*

I visited Krishnarajendra Hospital, Mysore on 25th April 1959. Dr. A. K. Gopalaraman, M.B.B.S., F.R.C.S. (Edin.) the Superintendent, kindly took me round.

I visited the hospital again on 27th April 1959, when Dr. H. V. Suryanarayana Rao, B.Sc., M.B.B.S., D.L.O., took me round, as Dr. A. K. Gopalaraman had to leave Mysore on 26th April 1959 for Trivandrum for conducting M.B.B.S., Examination there.

*General.*—Krishnarajendra Hospital, Mysore has got 336 beds, but actually there were 653 in-patients, who were undergoing treatment for various diseases. Almost all the wards were overcrowded and the patients had to be put on the floor and the verandahs of the wards.

Surgical cases were accommodated on the first floor and the medical cases on the ground floor. There is a separate surgical and a medical ward for women patients.

There is an emergency ward on the first floor, where all kinds of emergency cases are accommodated that need the constant care and attention of Doctors and Nurses. It has been opened recently.

*Operation Theatre.*—Operation theatre is well equipped. There is no more space even to accommodate more students. I was informed, that a new operation theatre will be provided in the new building. Early steps should be taken to provide a new operation theatre with all the modern amenities and more space to teach the students.

*Laboratory.*—There were no attached laboratories to the wards. Laboratories are very essential for a teaching hospital like K. R. Hospital, where the Medical staff and the students can do many investigations. Therefore early steps should be taken to provide laboratories, at least one for Medical side and another for surgical side with a qualified Laboratory Technician.

*Out-patient Department.*—There is a common Out-patient Department for Medical and Surgical patients and the doctor in charge sorts out the patients and sends them to the Physician and Surgeon for reference, in case he finds that the patient needs attention by them.

There is no clinical or demonstration room to teach the M.B.B.S. students in the Out-patient Department.

There is a small operation theatre for doing minor surgical operations and there is another dressing room for the out-patients. I find that M.B.B.S. students are not doing the work of applying surgical dressings to the patients. They should be asked to do this work.

There are special departments in the Out-patient Department such as Venereal and Skin Diseases, Ear, Nose and Throat Diseases, Dental and Paediatrics.

The final M.B.B.S. students must be made to work in the casualty Department in the Out-patient and in all the Departments, so that they can understand and attend on the various types of cases. The students should also assist the Surgeons in operative work.

*E.N.T. Department.*—There is no facility to start post-graduate course in the E.N.T. Department. Necessary steps may be taken to start Post-graduate course there.

*Paediatric Section.*—There were about 200 out-patients attending this Section daily. Since this section is located on the first floor, it is desirable to have a list for the use of children. Electric fans should be provided in each Department as far as possible.

Paediatric trained nurses should be posted to this section. Students should be posted here for duty.

Only fourth year students are attending the Out-patient Department. The Specialist feels that he could not devote adequate time to teach the students as he had to look after a large number of patients, and was kept fully occupied. Therefore, he desires that additional staff should be provided for his Department.

The equipment is old and necessary steps should be taken to get modern equipment for teaching purposes. There should be some provision for starting a post-graduate course in the Mysore Medical College, as well as research.

*Children's Ward.*—Generally students are not in the habit of writing notes. It is necessary that the students should make their own notes on separate sheets for the cases in their charge.

*X-Ray Department.*—Even though the present X-ray Department is well equipped, there is dearth of film supply, especially small films, and trained X-ray Technician. Since the services of the trained X-ray Technicians are necessary, it is advisable for the State Government to send some candidates to Madras, where there are special training facilities at the Barnard Institute of Radiology. It is absolutely essential to give a special allowance to the X-ray Technicians for being exposed to the hazards of radiation. There are about 35 inpatients and about 200 out-patients who attend this Department.

*Nurses Quarters.*—It is a pity, that the present Nurses' Home is not used by all the Probationary nurses. Only a few who have occupied the rooms have converted them into kitchens and some are maintaining their family there. Probationary Nurses should be asked to stay in the Nurses Home, and they must be either unmarried or widows without any encumbrances during their period of probation. They must fully utilise the facilities offered by the mess.



*Compounding Section.*—I learnt, that there were only four Compounders working in the Out-patient Department and also that new candidates who were posted to this Hospital have not turned up so far. Arrangements may be made to post candidates immediately and to start the training of Compounders.

*Skin and Venereal Department.*—The daily average attendance comes to about 120. It is handled by a Specialist and only one House Surgeon. It was reported that generally students are not coming for work in this Out-patient Department.

*Dental Department.*—Dental Department is well equipped. It was reported that the present Dental Surgeon is the only qualified Dental Surgeon in Mysore, and that he too will go to Bangalore Medical College, Bangalore, to start the instruction for the B. D. S. Course shortly.

Since there was no adequate staff to help the Dental Surgeon, it was reported that no filling up of cavities and artificial dentures are done. Therefore, arrangements must be made to post additional qualified hands to this Department.

*Eye Department.*—The Eye Specialist of this Department is the Professor of Ophthalmology in the Medical College, Mysore. He says, that proper attention to teach the students who were attending the out-patient could not be given since there was no adequate staff. He further says that the Assistant Professors' post which was vacant for a number of years has not been filled up even now.

The present Eye Department has got only 40 beds. Owing to the increase of patients it is essential that the number of beds should be increased and additional staff be posted.

Since the M.B.B.S. examinations were going on it was not possible for me during my inspection of this Hospital to have a view of the working of the students either in the out-patients or in wards.

It was reported by the Superintendent of the Hospital, that the P. W. Department is going to construct an additional Surgical Block very close to the present Hospital and the public road. It is advisable for the State Government to construct the new Surgical Block in a more spacious place and at some distance from the public road.

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#### APPENDIX—10(b).

##### *Princess Krishnarajammanni Sanatorium, Mysore.*

I visited the Princess Krishnarajammani Sanatorium, Mysore on 26th April 1959 and was shown round by Dr. S. Narayana Setty, M.B.B.S., L.R.C.P., M.R.C.S., T.D.D. (Wales), Superintendent of the Hospital. This hospital has got 365 in-patients. They are not admitting more patients than the sanctioned bed strength of the hospital. With the addition of Children's ward which has recently



been sanctioned, there will be 400 beds altogether. Most of the in-patients are there for the treatment of Pulmonary form of Tuberculosis. There were about 16 beds for treating patients suffering from Tuberculosis of bones and joints.

The present Superintendent and the Resident Medical Officer have specialised in Tuberculosis.

In addition to the above there were three Assistant Surgeons Grade II and six Assistant Surgeons Grade III on the staff of the Sanatorium.

*Nurses.*—There is a shortage of nursing staff. It was reported that the vacancies in the Nursing cadres have not been filled up a long time. Arrangements may be made to fill them at an early date.

*Laboratory.*—There is a separate Laboratory attached to this Sanatorium and two qualified Laboratory Technicians are working there. It is necessary to post a qualified Pathologist to be in charge of the Laboratory. He would also do research work in this field. The equipment in the Laboratory needs to be augmented.

*X-Ray Department.*—The X-Ray Department is well equipped and needs a well trained X-ray Technician and a Radiologist, since it is a teaching institution and gives instruction for the T.D.D. Diploma also.

In order to over-come the shortage of X-ray Technicians and Radiologists in the State Hospitals, it is desirable that the Government take early action either to depute some people, who are already doing the duties of X-ray Technicians and Radiologists to the Barnard Institute, Madras, where they have got special facilities to train such personnel, or to select some fresh candidates suitably qualified to undergo this special training in Madras.

*Operation Theatre.*—The operation theatre was neat and tidy. It needs some additional apparatus to be purchased for the immediate needs of the institution such as Electro-Cardiograph and Bronchospirometer, etc. It was also stressed by the Superintendent, that there is a great demand for qualified Anaesthetists in the Mysore State. He further stated that one Dr. N. F. Cockett, a qualified Anaesthetist is coming to the Hospital from Victoria Leprosorium, Dichapally, Andhra Pradesh, once in three months and stays in the Hospital for about a week. Only 4 to 5 operations could be performed during that period. It is desirable that necessary arrangements may be made to depute more medical men from the State Service to get specialised in Anaesthesia.

*Teaching Facilities.*—It was reported that only final year M.B.B.S. students are having 12 lecture demonstrations in Tuberculosis. They are allotted 10 cases for examination and report.

*T.D.D. Courses.*—It was reported that T.D.D. Diploma course was started during the year 1947 and was held for two years. But subsequently it was stopped for want of fresh candidates. Again the same course has been revived this year with four candidates of which three are sponsored by the Government and one by the Railways. The duration of the course is for 9 months only. The present Superintendent is the Professor and the Resident Medical Officer is the Assistant Professor of Tuberculosis; whereas Dr. Charless D'Souza, Professor of Pathology Medical College teaches Pathology and Bacteriology of T. B. Dr. A. K. Gopal-  
 rajan, Professor of Surgery Medical College teaches Non-Pulmonary Tuberculosis (such as Tuberculosis of bones and joints). The courses of lectures in Radiology and E.N.T. Diseases are being given by the respective specialists in the K.R. Hospital, Mysore. There is enormous clinical material in this institution and patients with various kinds of chest diseases can be examined and observed in the Out-patient Department. The Superintendent is of the opinion, that the Post-Graduate Students are greatly benefited by plenty of clinical material available in the institution. The T.D.D. Course will be specially useful for Government Officers in charge of T. B. Clinics, and other institutions and therefore, it is advantageous to run this course regularly so as to train sufficient number of Medical Officers to meet the growing demand of the T. B. patients, in several other Hospitals in the State.

In order to over-come the difficulty in meeting the needs of the T. B. patients, it was suggested that encouragement may be given to the Government Servants (Medical Personnel) to undergo the T. B. Courses, by awarding either Scholarships or deputation allowance. By experience it was found, the Superintendent said, that only interested private practitioners are coming to undergo the training. In regard to the prosecution of research work, the Superintendent, was advised to get into touch with the Vallabhāi Patel Chest Clinic, New Delhi. For clinical teaching purposes the Hospital authorities choose about ten or fifteen patients.

*Teaching of the Nurses in T. B.*—It was suggested that since the Nursing of T. B. Patients has its own special methods and problems, arrangements may be made to post the probationary nurses to the T. B. Sanatorium or training at least for a period of 3 months after their completion of training in Sick Nursing in General Hospitals.

*Out-Patient Department.*—There is an out-patient Department attached to this Hospital. It works on Mondays and Thursdays and about 100 to 110 patients attend.

*Preventive side of T. B. and the Establishment of a Rehabilitation Centre.*—It was suggested that it will be better to expand the work on preventive side of Tuberculosis. It is desirable that the State Government should start a Tuberculosis Rehabilitation Centre like Anritnagar Colony in Tambaram, Madras, where the

discharged T. B. patients from the hospitals can go and reside and work according to their physical capacity.

I was glad that with the co-operation of the Public Health Department the B. C. G. Vaccine campaign has been going on successfully.

Appointment of a Social Worker is absolutely necessary.

*Domiciliary Treatment.*—Arrangements may be made to provide Domiciliary treatment for the T.B. Patients in their homes as far as possible and for this purpose necessary staff with an Ambulance may be sanctioned at an early date.

*Occupational Section.*—There is an occupational section in this Hospital which trains T. B. patients to earn their living by doing some manual work like mat-making, weaving, etc. It was suggested that T. B. patients should not be allowed to work too hard and the nature of the work should be such, that they do not inhale any dust particles.

*Children's Unit.*—It was reported that the hospital does not possess a separate Children's Ward. Arrangements should be made to provide a separate Block for use of children. The children should on no account be kept with adult patients.

*Students.*—It was stated that the M.B.B.S. students do not write case sheets. Only the students undergoing T.D.D. Course write case sheets. The Superintendent of the Hospital should check the notes written by the students carefully and advice them properly. It was also reported that the present four T. D. D. students who had to attend on emergency cases were provided with necessary residential accommodation, and the Superintendent requests that necessary Hostel accommodation to the students may be given by providing a separate building. This is a reasonable request, and needs careful consideration.

#### APPENDIX—10 (c).

##### *Cheluvamba Hospital, Mysore.*

I visited the Cheluvamba Hospital, Mysore on 27th April 1959. Dr. Jayalakshmi, Y. Ayer the Superintendent kindly took me round.

*General.*—Though the sanctioned bed strength of the Hospital is 204, actually there were many extra patients who were put on the ground floor. The hospital is very crowded and there is urgent need for expansion.

It was said, that on an average 20 deliveries were conducted by them daily. There are no Laboratory and X-Ray facilities in the Hospital. I had gone through the suggestions made by the

Board of Visitors of this Hospital, and I found that they had stressed many times about having a lift in the Hospital for the use of patients. Arrangements should be made to provide a lift, which will be of great help to the expectant mothers in particular, and other cases in general.

*Labour Wards.*—There are two labour wards, one for septic patients and the other for clean patients. The labour wards are kept clean. It is better to have Obstetric Operation room attached to the present labour rooms.

*Student's Room.*—There is only one room having 3 beds, which is allotted for the Lady candidates to stay in the hospital during nights. I was informed, that opportunities were given to the students to conduct examinations of the patients individually.

*Operation Theatre.*—It is better to have a movable wooden screen in the operation theatre than to have the proposed brick wall as the former could be adjusted according to the needs of teaching and operative work.

In the verandahs, where the patients were accommodated, care should be taken to protect them from the sun's rays by providing Bamboo Thatties (Chicks).

The patients are usually kept in the hospital for ten days after normal deliveries.

*Family Planning.*—A family planning Centre is being conducted in the Out-patient Department of this Hospital. Appointment of a Social Worker is necessary.

*Lecture Theatre.*—It is necessary to provide a Clinical Lecture Hall with gallery for teaching purposes.

*Recreation Room.*—There is no recreation room for Nurses. There are about two nurses for 80 beds. This allotment of Nurses is not sufficient.

*Supply of Medicines.*—There is no adequate supply of medicines from the Government Medical Stores, Bangalore. Action should be taken to supply them more expeditiously.

*Out-patient Department.*—The Out-patient Department is well kept. Arrangements should be made to provide a duty Doctors' room for use of Doctors, who are posted to work during night times.

I was glad to note that the Surgeon and the Resident Medical Officer of the Hospital were staying very near close to the Hospital and even the Superintendent of the Hospital attends on emergency cases whenever required.

*Residential Quarters.*—It is of utmost importance, that residential accommodation should be provided for the House Surgeon of the Hospital.

One ward should be provided for Eclampsia and Toxaemia cases.

*Nurses Quarters.*—It is found, that even though there is a common kitchen in the Nurses Quarters, the Probationary Nurses who are residing there are not in the habit of utilising it. Every endeavour should be made to utilise the common kitchen for the purpose for which it is meant.

Furniture should be provided for the 'Drama Room' for utilising it for recreation purposes.

The Nurses quarters should not be turned into a home and the probationary nurses should not be allowed to cook food in their rooms. Proper instruction should be given to them to utilise the services of common mess and every opportunity should be taken to see that all the probationers stay in the Nurses quarters without any other family members with them.

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#### APPENDIX 10(d).

##### *Epidemic Diseases Hospital, Mysore.*

I visited the Epidemic Diseases Hospital, Mysore on 27th April 1959 and was shown round the Hospital by Dr. Abdul Rashidkhan and Dr. H. K. Gururaja Rao, the Medical Officers incharge of the Epidemic Diseases Hospital, Mysore.

*General.*—The present Hospital consists of 40 beds for treating in-patients and the daily average of the out-patient attendance comes to about 35 to 40.

*Admission of T.B. Patients.*—It was seen, that good many of the in-patients were suffering from advanced Tuberculosis. Since there is a Government T. B. Sanatorium in Mysore, the T. B. patients should preferably be admitted there and not into the Epidemic Diseases Hospital for treatment.

*Laboratory Facility.*—As the Epidemic Diseases Hospital, is one of the teaching institutions for the M.B.B.S. Students and the College of Indian Medicine Students, it is necessary to have a laboratory with a trained technician and necessary laboratory equipment, as early as possible.

*Operation Theatres.*—The present operation theatre is not up to the standard and arrangements should be made to improve it.

*Lecture Hall.*—For purposes of giving Clinical lectures, to the students, it is necessary to construct a separate lecture hall, which should be properly furnished.

*X-Ray and Library.*—There are no X-ray facilities in the Hospital. Some journals and books dealing with preventive medicine are necessary for reference by the staff and the students. They should be provided at an early date. A good library is necessary in a Hospital like this.

*Buildings.*—The present Hospital Buildings should be suitably remodelled to meet the needs of the patients.

*Teaching Facilities.*—The final year students who come to this Hospital for clinical instruction should be made to write notes about the cases independently. This is not being done at present. These notes should be checked up by the physicians in charge of the cases.

There is need for additional staff which should be posted to the Hospital as early as possible.

## APPENDIX—11 (a).

### *District Hospital, Tumkur.*

I visited the District Headquarters Hospital, Tumkur, on 16th July 1959 with Dr. T. B. Medappa, Assistant Director of Medical Services, Dr. Rodda, Director of Public Health, Dr. B. S. Nagaraj, B.Sc., M.B.B.S., D.P.H., District Health Officer, Tumkur, Dr. M. P. Krishna Rao, M.B.B.S., D.O.M.S., District Medical Officer, Tumkur, kindly took us round the Hospital.

### *Daily Statistics.*

The daily statistics of the District Headquarters Hospital, Tumkur on 14th July 1959 are as follows :—

|          |    |    | <i>In-patient</i> | <i>Out-patient</i> |
|----------|----|----|-------------------|--------------------|
| Men      | .. | .. | 113               | 343                |
| Women    | .. | .. | 112               | 191                |
| Children | .. | .. | 15                | 130                |
| Total    | .. | .. | <u>240</u>        | <u>664</u>         |

There were 24 in-patient maternity cases in the Hospital.

*Bed Strength.*—The sanctioned bed strength of this Headquarters Hospital is 112, and the beds are distributed as follows :—

### *Men's Section.*

|             |    |    |    |
|-------------|----|----|----|
| 1. Surgical | .. | .. | 28 |
| 2. Medical  | .. | .. | 28 |



*Women's Section.*

|                  |    |    |     |
|------------------|----|----|-----|
| 1. Maternity     | .. | .. | 28  |
| 2. General Cases | .. | .. | 28  |
| Grand Total      |    |    | 112 |

In addition to these, there is a separate T.B. Ward in charge of an Assistant Surgeon Grade III.

The Hospital is overcrowded. Some of the in-patients have been put on the floor, owing to the dearth of cots and space. In order to provide adequate facilities for the growing population of the area, additional hospital accommodation should be provided.

There are 8 two rupees and 8 four rupees special wards, and it was reported that there is always a demand for them throughout the year. The number of special wards needs to be increased.

There were about 8 cases of Typhoid fever, and the District Medical Officer was instructed to isolate them.

*Emergency Ward.*—In the observation ward, emergency cases are kept for observation. In the absence of such cases the same ward is used for providing accommodation for paying patients and they are charged Rs. 4 per day.

*Drugs.*—So far as the District Hospital is concerned, the District Medical Officer, feels that he has no difficulty in purchasing the essential drugs, when urgently required. He has got a fairly good stock of drugs supplied by the Government Medical Stores, Bangalore.

*Out-patient Department.*—There are two separate out-patient departments. This arrangement meets the needs of the areas, as the women patients are not willing to get themselves examined by the men doctors.

*X-Ray Department.*—There are two X-Ray plants, one of 15 M.A. and the other of 300 M.A. units. Though Doctor Sri Y. Padmanabha Rao, Assistant Surgeon, Grade III trained in X-Ray technique is on the staff and is working in the X-Ray Department—there is need for a trained X-Ray technician, and he should be appointed at an early date.

*Staff.*—The Hospital has no Matron on the staff. The First Grade Nurse is doing the duties of the Matron in addition to her own duties, as Theatre Sister, maintaining linen account etc. I agree with the District Medical Officer, that a Matron should be posted here and the three vacancies of Second Grade Nurses should also be filled-up as early as possible.

*Midwifery Training Centres.*—This Hospital is a training centre for Midwives, but there were only 3 pupil midwives, who were undergoing training in the hospital, even though there are facilities to train 12 midwives. Arrangements should be made to



provide residential accommodation for all the Midwives, so that all the trainees may stay together and have a common mess.

*Nurses Training.*—There is ample clinical material for the training of Nurses. Arrangements may be made to train Nurses here. Residential quarters will have to be provided for all of them.

*Quarters.*—There are no residential quarters for the staff, excepting for a few nurses. Residential accommodation should be provided for them.

*Operation Theatre.*—Operation theatre is well equipped.

*Laboratory.*—There is a laboratory attached to this Hospital. It has got a trained Laboratory Technician. There is a proposal to start blood bank, also. A trained Assistant Surgeon in Laboratory work should be posted here.

*District Problems.*—1. The chief difficulty facing the District Medical Officer, was that the District Boards and the Local Bodies were not giving their quota of contribution of funds regularly and they were not co-operating with him in the day to day administration of the L. F. Dispensaries. This may result in serious complaints from the Public. Therefore, he requested that steps should be taken to get their quota so that arrangements may be made for the purchase of medicines and maintaining the buildings in a good state of repair.

2. The District Medical Officer stressed, that the power of the D.M.Os. should be increased for the purchase of drugs, instruments etc., for use in L. F. Dispensaries. A separate amount should also be sanctioned for the Assistant Surgeon Grade III to be kept in-charge of the L. F. Dispensaries for the purchase of any special drugs that may be needed.

3. The District Medical Officer represents, that wherever there are Combined Dispensaries a suitable order should be issued to see, that one person, either the Medical Officer or the Lady Medical Officer is put in-charge of the whole administration of the Dispensary, since several instances have come to his notice, where the two Medical Officers did not get on together, the result of which was that the administration of the Dispensary suffered. I agree with him.

*Duty Doctor.*—It was pointed out, that there should be a Lady Doctor on duty during day and night, to attend to any emergent cases. The present practice in vogue is to send for the lady Doctor from her residence. This system involves delay and is not satisfactory.

*E. N. T. and Eye.*—The present District Medical Officer is qualified in Ophthalmology and treats Eye patients. Though there

are Government orders, that the E. N. T. Specialist and Eye Specialist would visit this hospital once in a month, they have not started paying the visits yet. Arrangements should be made, so that the E. N. T. and Eye Specialists, pay a visit to the hospital as per Government orders.

#### APPENDIX—11 (b).

##### *L. F. Dispensary, Nagavalli, Tumkur District.*

I visited the L. F. Dispensary, Nagavalli, on 16th July 1959. Dr. T. B. Medappa, Assistant Director of Medical Services, Dr. S. T. Rodda, Director of Public Health, Dr. M. P. Krishna Rao, District Medical Officer, Tumkur and Dr B. S. Nagaraj, District Health Officer, Tumkur, accompanied me. Dr. C. A. Thimmesgowda, L.M.P., Assistant Surgeon, Grade III in charge of the L. F. Dispensary, Nagavalli kindly took us round the Dispensary.

The daily O. P. attendance of the Dispensary is from 70 to 80 per day.

*Staff.*—The Dispensary has got the following staff.—

|                                    |    |   |
|------------------------------------|----|---|
| 1. Assistant Surgeon, Grade III .. | .. | 1 |
| 2. Midwife ..                      | .. | 1 |
| 3. Compounder ..                   | .. | 1 |
| 4. Servant—Class IV ..             | .. | 1 |

It was reported, that the midwife attends to midwifery cases in patients' houses. She pays weekly visits to their houses and also attends to calls of the expectant mothers within a radius of 3 miles.

There were no proper examination tables in the Dispensary. These should be provided immediately.

There is provision for providing accommodation to the in-patients, but there is no proper equipment like cots, locker etc. Sufficient linen should be provided for the use of patients and also for the Class IV officials.

*Drugs.*—There was insufficient supply of drugs owing to the non-compliance of contributions from the District Boards.

*Representation.*—A representation was made from Shri T. N. Mudligiri Gowda at the time of inspection, that the reduced scale dispensary should be upgraded and to provide sufficient linen for

use of in-patients and supply of drugs for use of patients. He was assured, that arrangements will be made to meet his demands as far as possible.

There is no proper water and electric supply. The Midwife should be asked to keep the midwifery kit bag always in the dispensary.

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#### APPENDIX—11 (c).

##### *Kyathasandra L. F. Dispensary, Tumkur District.*

I visited the Kyathasandra L. F. Dispensary with Dr. T. B. Medappa, Assistant Director of Medical Services, Bangalore, Dr. Rodda, Director of Public Health in Mysore, Bangalore, Dr. M. P. Krishna Rao, M.B.B.S., D.O.M.S., District Medical Officer, Tumkur and Dr. B. S. Nagaraj, B.Sc., M.B.B.S., D.P.H., District Health Officer, Tumkur and Dr. K. Narasappa, L.M.P., Assistant Surgeon, L. F. Dispensary. It was converted into a Health Unit of Government of India pattern on 15th July 1959.

The total population round about the Dispensary is about 5,000. The daily attendance in the Out-patient Department is about 112. The staff of this L. F. Dispensary consists of one Assistant Surgeon, Grade III, one Compounder, one Midwife and one Peon.

There is provision for 6 in-patients, four for men and two for women (*i.e.*, Maternity cases) ; present building is not adequate. Arrangements should be made for the construction of a new building or the expansion of the existing one for the purpose. It was ascertained that a sum of Rs. 80,000 has already been sanctioned for the purpose and for quarters for the staff of the Dispensary.

*Water Supply.*—The existing arrangements for the supply of water to the Dispensary are not satisfactory. There is a tap outside the Dispensary ; but this is not enough. Proper water facilities should be made available here for the use of the patients for proper cleanliness of the premises and for the dispensing, etc.

*Drugs.*—It was reported, that the supply of Anti-biotics and sulphur drugs is not in adequate quantities. These drugs should be supplied according to the needs of the Dispensaries. The District Medical Officer, should see that medicines in suitable quantities are supplied to all Dispensaries in the District.

The Midwife attached to the Dispensary is conducting 8 to 15 delivery cases per month. Even though Midwifery Kit bags have been supplied to the Dispensaries, it was found that in almost all the Dispensaries, that were inspected in this District, the

Midwives could not produce them when they were asked to do. They keep these bags in their homes. However, they pleaded, that when any call comes, they first proceed to their houses and after taking kit bags they proceed to their destination. This is not satisfactory. The District Medical Officer of the concerned District or the Assistant Surgeon in-charge of the L. F. Dispensary should see that the Kit bags are kept in the Dispensary, with all the instruments properly sterilized.

It was further reported, that the patients in the neighbourhood of the Dispensary are not very keen about getting treatment from the Dispensary. I think, in certain rural areas, perhaps a certain amount of propaganda is necessary to make the people hospital-minded. In the Urban areas, speaking generally, they have already become so.

*Maternity Work.*—Even though there are two beds for Maternity cases, there was no proper equipment to conduct deliveries. Arrangements should be made to provide a labour cot and necessary examination tables.

#### APPENDIX—11 (d).

##### *Primary Health Unit, Kunigal.*

I visited the Primary Health Centre, Kunigal, Tumkur District on 16th July 1959, Dr. T. B. Medappa, Assistant Director of Medical Services, Dr. S. T. Rodda, Director of Public Health, Dr. M. P. Krishna Rao, District Medical Officer, Tumkur and Dr. B. S. Nagaraj, District Health Officer, Tumkur accompanied me. Dr. M. Munivenkataswami, L.M.P., Assistant Medical Officer of Health, Primary Health Unit, Kunigal, kindly took us round the Dispensary.

This Unit has been working for the last 4 years and has got the following staff:—

|                                        |    |   |
|----------------------------------------|----|---|
| 1. Assistant Medical Officer of Health | .. | 1 |
| 2. Compounder                          | .. | 1 |
| 3. Junior Health Visitor               | .. | 1 |
| 4. Clerk                               | .. | 1 |
| 5. Midwives                            | .. | 3 |
| 6. Peons                               | .. | 2 |

This Centre is serving a population of 20,000. There was a Maternity Home attached to this Centre, which was situated about a mile from this place. It was reported, that since there was a separate Maternity Home all the Midwives borne on the staff of this Centre were working there only.

The daily O. P. attendance of this Centre was about 150 patients.

*Drugs.*—This Centre possesses a very good stock of drugs, instruments and a small library containing books on Midwifery, Surgery, etc.

The staff has a weekly conference every Monday, when they discuss their common problems and difficulties.

*Equipment.*—1. There is no examination Table. This should be provided. 2. There are no cots, though this Centre has got an in-patient ward attached to it. The District Board and the Municipality should be asked to subscribe their quota immediately.

3. Supply of linen (like coats for patients, bed and other linen used for in-patients) is insufficient. This should be provided.

*Statistics.*—The statistics of 1958 show :—

|                                         |    |        |
|-----------------------------------------|----|--------|
| 1. Number of in-patients treated        | .. | 48     |
| 2. Number of out-patients treated :     |    |        |
| new                                     | .. | 43,051 |
| old                                     | .. | 19,994 |
|                                         |    | <hr/>  |
| Total                                   | .. | 63,045 |
|                                         |    | <hr/>  |
| 3. Daily average attendance             | .. | 174.96 |
| 4. Number of minor operations performed | .. | 664    |
| 5. Number of post-mortem examinations   | .. | 3      |
| 6. Percentage of Malaria Cases          | .. | 0.12   |

#### APPENDIX—12 (a).

##### *Sri Narasimharaja Hospital, Kolar.*

I visited Sri Narasimharaja Hospital, Kolar, on 10th July 1959. Dr. T. B. Medappa, Assistant Director of Medical Services and Dr. Rodda, Director of Public Health in Mysore, Bangalore, accompanied me. Dr. A. S. Krishnaswamy, District Medical Officer, kindly took us round the Hospital.

The daily O. P. attendance of the hospital was about 150 each in the male and female section on 10th July 1959. The in-patients attendance was as follows :—

|          |    |       |
|----------|----|-------|
| Men      | .. | 90    |
| Women    | .. | 48    |
| Children | .. | 6     |
|          |    | <hr/> |
| Total    | .. | 144   |
|          |    | <hr/> |

The total bed strength of the hospital is 100. It is divided into (1) Medical (2) Surgical (3) Maternity and (4) other division. Since Kamala Nehru T. B. Sanatorium, has been opened in Kolar, the T. B. Ward here has been closed; and it is proposed to convert it into a family planning clinic. The Isolation ward is to be converted into a Children's ward with 12 beds, thus raising the total number of sanctioned beds in the Hospital to 112.

*Special Sections.*—Since the present District Medical Officer is trained in E. N. T. and Eye diseases, he is treating patients suffering from these diseases. But there is no other special Department, in the hospital at present.

*X-Ray Department.*—There is a 50 M.A. X-Ray Unit in the Hospital. It may be converted into 100 M-A Unit, and a qualified Radiologist and an X-Ray Technician may be posted here immediately.

*Laboratory.*—There is a trained Laboratory Technician. The Laboratory is not well equipped and needs a qualified Assistant Surgeon to be in charge of the Department.

*Dental Clinic.*—It is proposed to start a Dental Clinic in the Hospital.

*Blood Bank.*—There is no blood bank in the hospital at present, but it is necessary to have one.

*Nurses.*—The Nursing staff here is insufficient. Additional staff should be posted immediately.

*Midwives.*—A Midwifery training centre should be started here so as to train more Midwives, who will be useful not only to the Medical Department but also the Public Health Department.

*Class IV Servants.*—There is need for additional Class IV Servants :—

Ward Attendants :—

|        |    |    |       |
|--------|----|----|-------|
| Male   | .. | .. | 4     |
| Female | .. | .. | 6     |
|        |    |    | <hr/> |
| Total  | .. |    | 10    |
|        |    |    | <hr/> |

*Quarters.*—It is surprising to note, that there are no residential quarters either for the District Medical Officer or the Resident Medical Officer of this Hospital, apart from Nurses and Midwives.

Residential accommodation should be provided for Doctors, Nurses, Midwives and Ward Boys immediately. There is plenty of space to construct such quarters in the hospital compound.

*Compounding Training.*—Compounders' training Scheme may be started in this Hospital, so as to have more compounders, whose services could be utilised for the Local Fund Dispensaries and Rural Dispensaries, also, where there is dearth of such personnel.

*Building Programme.*—(1) A new kitchen has been constructed. It should be equipped with electrical Stoves, if possible.

(2) The present cow-shed which is not in use since the Dairy Farm is supplying milk, may be easily converted after suitable alternations into a Dharmashala, where the attendants of the patients could stay.

(3) Accommodation for 12 more paying beds may be constructed to meet the Public demand.

*Ambulance Van.*—The present Ambulance van is not in working order. It may be suitably repaired.

*Training of Dais.*—It is proposed to train 20 Dais in this Hospital, for a period of six months under the Scheme proposed by the Social Welfare Board.

It is recommended that a Sister tutor may be posted to this Hospital to train Midwives and Dais during their training period.

*Drugs Supply.*—The supplies from the Government Medical Stores, Bangalore, are not sufficient to meet the growing demands of the public. Especially Bandage and Gauze should be supplied adequately. There is no proper Budget allotment to purchase them locally. Anti-Biotic drugs should also be supplied in full quantity by the Stores.

*Linen.*—There is a shortage of linen in the Hospital. This should be supplied at an early date.

*District Boards Contributions.*—While discussing the proper supply of medicines to the Local Fund Dispensaries under the District Medical Officer's Control, the District Medical Officer pleads, that since the District Boards are not in a position to pay their contribution for the supply of Part II Medicines, it has become very difficult for the Doctors to meet the demands of the Public. Therefore, it was suggested, that Government may take over the grant given to the District Boards as grants for the maintenance of Local Fund Dispensaries in the State, so that the Government Medical Stores can supply the required medicines regularly, as is done in the case of Hospitals. This suggestion deserves careful consideration.

*Labour Ward.*—There are no proper Labour cots and other equipment for maternity work. Arrangements may be made to supply these at an early date.

*Postmortem Room.*—Only medico legal post-mortems are done in the Hospital.



*Isolation Ward.*—There was no patient in the Isolation ward on the day of inspection.

*General.*—The Multi-purpose food supplied by the Americans as a donation, is not in good condition, since the food contains worms. Therefore, it should not be supplied to the patients. It may be sent for chemical analysis.

## APPENDIX—12 (b).

### *Civil Hospital, K. G. F.*

I visited Civil Hospital, K.G.F. on 10th July 1959. Dr. T. B. Medappa, Assistant Director of Medical Services, Dr. Rodda, Director of Public Health and Dr. A. S. Krishnaswamy, District Medical Officer, Kolar, accompanied me. Dr. H. A. Nagaraja Rao, M.B.B.S., District Medical Officer, Civil Hospital, K.G.F. kindly took us round the hospital. The hospital was well kept.

It was ascertained, that the average daily O. P. attendance was about 356.

The sanctioned bed strength of the Hospital is 63, and the number of in-patients on 9th July 1959 was as follows:—

|          |    |    |    |
|----------|----|----|----|
| Men      | .. | .. | 25 |
| Women    | .. | .. | 15 |
| Children | .. | .. | 18 |
| Total    |    |    | 58 |

The District Medical Officer, reports that there is shortage of Doctors and Nurses in his hospital, and that he is not in a position even to spare a Doctor from his hospital to look after the Isolation Hospital. Regarding Nurses he reports that there is shortage of 4 Second Grade Nurses even according to the sanctioned strength of his hospital.

Regarding Ministerial staff, he stated that a First Division Clerk has not been posted yet.

It is suggested that all the above staff may be posted immediately to look after the day-to-day work.

There are no Assistant Surgeons here, who are trained in Anæsthesia. The operation theatre is not equipped with Boyle's Anæsthesia apparatus. There is no one to take-up medical examination of schools and to attend the MARP Colony.

Arrangements may be made to post all the required staff immediately.

*X-Ray Department.*—There is no trained Radiologist and no trained X-Ray Technician. They should be posted immediately.

*Operation Theatre.*—Sterilisation room needs to be connected to the operation theatre in a suitable way.

*Children's Ward.*—The Children's ward should be extended and cradles should be provided.

*General.*—It is reported by the District Medical Officer, K.G.F. that the Mining authorities are sending their men and their families whose income is Rs. 150 per mensem and below, for admission and treatment in the hospital. The Mining authorities supply expensive medicines for their use. Since these patients were admitted in the hospital with the general cases, naturally the other cases grudge, that the Doctors take more interest in the Mining cases providing all necessary medicines and that they were neglected. In order to prevent this kind of anomaly, it was suggested that the Mining authorities may be asked to give some subsidy every year for the purchase of medicines for their employees or to supply drugs in advance, and the Medical Officer may utilise the drugs so supplied by the Mining authorities even for the general patients in case of emergency and the account may be adjusted after getting supplies from the Medical Stores or by local purchase subsequently. There should not be any difference between the Mining worker and the Public in general, in the treatment given in the Government Hospital.

*Drugs.*—Drug supply by the Government Medical Stores, is fairly satisfactory. Some instruments, and appliances are required, which should be supplied at an early date.

*Linen.*—There is shortage of linen in the Hospital. This should be supplied very early.

*Building Programme.*—The Hospital requires extra accommodation, and an extra ward with at least 50 beds should be constructed.

A new kitchen block should be constructed as the present one is inadequate.

The special ward which is half finished should be completed as early as possible.

*Steward's Office.*—It is better to have the Steward's Office by the side of the District Medical Officer's office for administrative convenience, than to have it in a corner of the building some distance away.

*House Surgeons.*—House Surgeons can be made to stay for training for a period of 3 to 6 months in this Hospital, and suitable residential accommodation may be provided for them.

*Laboratory.*—There was no trained Laboratory Technician or a Doctor specially trained in Laboratory Work. Arrangements should be made to post them immediately and necessary equipment may be supplied.

*Special Ward.*—There were no inpatients in the Special Wards, *Post-Mortem Examination.*—Post-Mortem examinations for some medico-legal cases only are done. Otherwise the number of post-mortem examination is very small.

*Residential Accommodation.*—All Nurses should be provided with residential accommodation. The existing quarters are insufficient.

*Dental Section.*—It was reported, that there was a proposal to start a Dental Section in the Hospital. Further it was stated, that the Dentists available locally may be appointed as Honorary Dentists.

An early sanction may be given for starting a Dental Section here.

*E.N.T.*—Though there are Government Orders, that the E.N.T. Specialist of the Bowring and Lady Curzon Hospital, should visit this Hospital once in a month, he has not started paying the visits yet. Arrangements should be made, that he pays a visit to the Hospital as per Government orders.

*Andersonpet L. F. Dispensary.*—It was reported, that the Local Fund Dispensary building in Andersonpet, is not suitable for a dispensary. Arrangements should be made to provide a new building with necessary equipment.

*Dharmashala.*—The present cowshed which is vacant, owing to the supply of Milk from the Oorigaum Dairy, may be converted with suitable alterations into a Dharmasala for providing accommodation to the attendants of the in-patients.

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## APPENDIX—12 (c).

### *Maternity Hospital, K.G.F.*

I visited the Maternity Hospital, K. G. F. on 10th July 1959. Dr. T. B. Medappa, Assistant Director of Medical Services, Dr. Rodda, Director of Public Health, Dr. A. S. Krishnaswami, District Medical Officer, Kolar and Dr. H. A. Nagaraja Rao, District Medical Officer, K. G. F. accompanied me. Dr. Lalitha Lingiah, M.B.B.S., M.S., Medical Officer, Maternity Hospital, K. G. F. kindly took us round the Hospital. The Hospital was kept very clean

Even though the number of sanctioned bed strength is only 36, there were 80 patients on 10th July 1959. The daily average number of out-patients is 172.

There were 6 labour cots in the labour room, and there were 3 Midwives in charge of those rooms.

It was reported that after delivery, the patients were discharged on the 5th day, since they have to accommodate the new patients. This hospital needs to be expanded to meet the growing demands of the Public.

*Residential Quarters.*—It was reported, that there was no residential accommodation for the Midwives. Since this Hospital provides an excellent material for the training of Midwives, separate residential quarters for the trainees as well as trained midwives should be provided immediately.

*Special Wards.*—It was seen that no uniform scale of charges was laid down for the Special wards in the district. There was hardly any differences between Rs. 2-8-0 ward and Rs. 4 ward. It is necessary to lay down a uniform scale of charges for special wards in all the hospitals as far as possible.

*Grant from the Mining Company.*—Since most of the patients who come for admission are from the Mine Workers' Families, the Mining Authorities may be asked to pay a subsidy to the hospital, and this may be utilised for the purchase of special medicines and other equipment as required.

*Operation Theatre.*—The Operation theatre of this Hospital, needs a shadowless lamp urgently, and sufficient instruments and Electric boilers etc.

A special Eclampsia room should be provided immediately, and a separate septic ward should be constructed.

*Kitchen.*—A separate Kitchen with electrical stoves, if possible, should be provided.

*Residential Accommodation.*—Residential quarters should be provided for the Doctors.

*Dharmashala.*—The present cow-shed can be converted into a Dharmasala for providing residential accommodation for the attendants of the inpatients.

Residential accommodation for servants is an urgent necessity, and should be provided soon.

*New Out-patient Department.*—In the Out-patient Department, proper examination tables and other equipment should be supplied.

*Requirements.*—1. All the vacancies in the Nursing staff and the clerical staff should be filled up immediately.

|                                        |     |    |    |
|----------------------------------------|-----|----|----|
| 2. One shadowless Lamp                 | ..  | .. | 1  |
| 3. Cautery Set                         | ..  | .. | 2  |
| 4. Rubins insufflation apparatus       | ..  | .. | 1  |
| 5. Stretcher on trolley                | ..  | .. | 2  |
| 6. Septic Table                        | ..  | .. | 6  |
| 7. Revolving stool                     | ..  | .. | 2  |
| 8. Ceiling fans                        | ..  | .. | 4  |
| 9. Hot water Boilers                   | ..  | .. | 2  |
| 10. Chairs for special wards           | ... | .. | 12 |
| 11. Abdominal self retraining speculum | ..  | .. | 2  |
| 12. Typewriter                         | ..  | .. | 1  |
| 13. Examination table                  | ..  | .. | 2* |

\*All the above requirements should be provided as early as possible.

### APPENDIX—13.

#### *General Hospital, Mandya.*

I visited the General Hospital, Mandya, on 23rd July 1959. Dr. T. B. Medappa, Assistant Director of Medical Services, accompanied me. Dr. T. B. Dorairayan, M.B.B.S. District Medical Officer, kindly took us round the hospital.

The statistics on 22nd July 1959 are as follows :—

|          |    | <i>In-patients</i> | <i>Out-patients</i> |
|----------|----|--------------------|---------------------|
| Men      | .. | 42                 | 65                  |
| Women    | .. | 51                 | 69                  |
| Children | .. | 28                 | 54                  |
| Total    | .. | 121                | 179                 |

The sanctioned bed strength of the hospital is 76, but some extra beds were provided on the floor in order to accommodate more patients.

*Milk Problem.*—The District Medical Officer reported that the present Milk Contractor was not supplying the required quantity of milk daily to the Hospital. He was thus forced to purchase some milk from the Sugar Factory Milk Diary. But as the supply was not sufficient, he was forced to use Milk powder. It was also represented, that the matter was reported to the Director of Medical Services, who had authorised him to purchase it from outside to meet the immediate demands of the hospital. Even though the outside milk was not so good, he was forced to buy it for the use of the patients. I think, a suitable remedy for this difficulty is to have a good Dairy in Mandya, which should be run under adequate supervision.

There is an acute shortage of linen in the hospital. It was stressed, that unless sufficient quantity of linen was supplied immediately, it would be very difficult to provide clothes for all the patients. It was also emphasised, that Khadi would not suit the requirements of the Hospital since the wear and tear of Milk-made cloth was less, and it lasted longer than Khadi, and also it looked cleaner and brighter than Khadi. Hence, Government may be requested to relax the rules for purchasing Khadi for use in Hospitals.

**Stores.**—It was reported, that the Government Medical Stores should be authorised to send the Dispensaries concerned their quota of drugs direct and not to the District Medical Officer for distribution, as at present. According to the existing arrangement, he has to meet the transport charges for the drugs from the contingent grant to his District Headquarters Hospital, which is thus reduced, and the amount which remains is not adequate to meet the emergent needs of the hospital. The other alternative would be to meet the transport expenses from the funds at the disposal of the Dispensaries. This is a matter for the consideration of the Government.

**Staff.**—The vacancies in the staff in respect of Medical Officers, Nurses, Compounders and Dhobi should be filled-up.

It was requested, that a II Grade Nursing Superintendent may be posted to look after the Nursing administration of the Hospital.

**X-Ray Department.**—There is an old 15 MA X-Ray Plant in the hospital, which is said to be not suitable for constant use in view of radiation hazards. It is used only for screening, not for taking radiograms.

There is no technician, nor a Medical Officer, with training in Radiology. An X-Ray Technician is needed here urgently.

**Plaster Room.**—A separate plaster room may be provided, since the present room was not suitable.

**Operation Theatre.**—There are two Operation Theatres:—

(1) *Major Operation Theatre.*—The Major Operation Theatre has no ventilators, no sterilisers and not enough instruments.

(2) *Minor Operation Theatre.*—Apart from the above deficiencies, the minor operation theatre does not possess a shadowless lamp.

These essential requirements should be provided as early as possible. A trained anaesthetist is also urgently needed. Arrangements may be made to send a medical man to be trained in one



of the major hospitals or to get the help of the Indian Oxygen Co., Ltd., Bangalore, who are said to be giving training in handling Boyles apparatus.

*T. B. Clinic.*—It was reported, that a T. B. Clinic was going to be started in the hospital. The District Medical Officer showed the site for it.

I found, that the accommodation proposed was quite inadequate. I advised, that either the existing building may be extended, or a separate block may be constructed for the T. B. Clinic. There is ample space in the compound for the purpose.

*Maternity Section.*—A Lady Assistant Surgeon, Grade I and an Assistant Surgeon, Grade III were in charge of the Maternity and Women's Section of this hospital.

*Labour Room.*—The Labour room was not kept up to the required standard. An average of 700 deliveries took place here, but there was not even a Sterlizer for the instruments. The Labour cot was not covered by a proper bedsheet.

Further, it was seen that the cradles in the Maternity Wards were not being used, since there was not sufficient supply of bed linen. Arrangements should be made to provide these necessities.

There was no Eclemptia cot and no separate room for Eclemptia cases. These also should be provided.

*Midwifery Training.*—It was reported, that this hospital was a training Centre for Midwives, and all the Midwives trained here were borne on the establishment of the Public Health Department. After finishing their training, they would be absorbed in the Public Health Department. The District Medical Officer requested, that arrangements should be made to entertain some of them in the Medical Department, and a uniform training scheme may be adopted which should apply to both the Departments.

#### *Building Programme :*

1. The present Out-patient Department is very small and requires expansion.
2. Construction of a Children ward and Isolation ward may be undertaken to meet the growing demands.
3. Construction of residential quarters for Doctors, Nurses and other staff should be undertaken.

#### *District Problems :*

1. Since the contingent grants sanctioned for the Dispensaries were too small, the Doctors in-charge of the Dispensaries may be authorised to purchase any emergency drugs up to a limit and they may be authorised to recoup the same in due course.



2. The Local Bodies and the District Boards may be requested to contribute their share of expenses in good time, so as to enable the Stores to supply the medicines expeditiously.

3. So far as the Part II indent of Dispensaries is concerned, it was represented, that the Medical Stores, Bangalore, may be directed to supply the full indent as countersigned by the respective Local Bodies and District Boards, as and when they have got the necessary stock. They need not refuse to supply the medicines, which were not in stock at the time of compliance. They should also not insist that in case of non-supply, the Doctors in charge of the Dispensaries should get a fresh indent which should again be countersigned by the respective Local Bodies and District Boards. The countersignature of the District Medical Officer should be enough in such cases. This is a reasonable request, which may be favourably considered by Government.

*O.P. Dispensary of the Sugar Factory.*—We visited the Out-patient Dispensary managed by the Mysore Sugar Company, Mandya for the benefit of their employees and others with Sri B. G. Dase Gowda, General Manager of the Mysore Sugar Company and Dr. M. Krishna Murthy Rao, B.Sc., M.B.B.S., the Doctor in-charge of the Dispensary.

I am glad to say, that the Out-patient Dispensary is well equipped and staffed. It was very well attended. It was reported that the average daily attendance is about 350 and even more some times.

The Dispensary has got a very good supply of medicines and costly Anti-Biotics, which were said to be given free of charge not only to their employees and their families, but also to the public.

#### *Maternity Home :*

Mysore Sugar Co. runs a Maternity Home very near their O.P. Dispensary. We visited this also.

The Maternity Home has a good labour room and eleven beds for in-patients. They are conducting about 30 deliveries on the average per month.

It was reported by the Lady Medical Officer, Dr. A. Jayamma, L. M. P. in-charge of the Maternity Home, that advise on Family Planning was also given here, for those who come for treatment.

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## APPENDIX 14(a).

### *The Vaccine Institute, Belgaum.*

I visited the Vaccine Institute, Belgaum on 23rd December 1959, accompanied by Dr. V. N. Krishna Murthy, Assistant Director of Public Health, who is in charge of the Institute.

The history of the Institute is briefly this :

In 1904, the Government of Bombay decided to replace the calf-to-arm method of vaccination against small-pox by vaccination with preserved animal lymph. For the preparation of preserved lymph some kutcha temporary buildings on Nagzeri Mal to the South of Belgaum were taken on rent, the Institute being then designated as "The Belgaum Vaccine Depot". In the same year a scheme was prepared for the acquisition of 176 acres and 35 guntas of land, about  $2\frac{1}{2}$  miles to the South of Belgaum Town. This site was ideally situated for locating the Vaccine Institute, since there was a cool and health—climate, adequate water supply, a vast grazing ground and away from the crowded town. The scheme was approved by the Government, the necessary funds were allotted, the land was acquired; the construction of the new buildings was begun in 1907 and completed in 1909, and the work was transferred to the new Institute in August 1910.

Till 1st November 1956, the Vaccine Institute was a Central Unit of the Bombay Public Health Department, when the Administrative control was transferred to the Mysore State Department of Public Health at the time of the Reorganisation of States.

The chief function of the Institute is the manufacture of vaccine lymph. It also affords facilities for training vaccination work, and the technique of preservation of lymph.

Financially, the Institute is self-supporting. The expenses are met by the contributions from various Municipalities and Local Bodies and by the sale proceeds of the lymph. The rate of contribution and the price of lymph are reviewed and revised triennially.

As regards the technique of manufacture, cow-calves and buffalo-calves were used till 1954, when these animals were substituted by sheep. Healthy sheep are selected for the purpose. After a quarantine period of 7 days the healthy sheep are vaccinated. Pulp is collected from the vaccinated sheep after 120 hours. Further processing involves grinding of the collected pulp in 50 per cent glycerine and purification by use of chloroform vapour and streptomycin. The lymph after purification is tested for purity in the laboratory. Each batch of lymph after satisfying the required standard of purity as laid down in Drugs Act of 1952 is further tested for potency on unprotected children in the villages, before being despatched for field use.

The vaccine retains its potency for a period of seven days from the date of despatch from the Vaccine Institute at ordinary temperature. If kept continuously below 10 degrees C potency may be assured for a fortnight. If kept below 0 degree C potency is retained for 6 months.

The average annual production is about 98,00,000 doses.

There are ample facilities for research here. Work has been done on the methods of improving the quality of vaccine lymph and early diagnosis of infectious diseases, etc.

The Institute is well organised and is doing very good work.

## APPENDIX 14 (b).

### *The Civil Hospital, Belgaum.*

I visited the Civil Hospital, Belgaum, on 22nd December 1959 accompanied by Dr. H. G. Sattur, the Civil Surgeon.

2. *Bed Strength.*—The sanctioned bed strength of this Hospital is 155, whereas the average in-patient attendance is about 270. The Hospital is thus over-crowded, and there is urgent need for expansion.

3. *Out-Patient Department.*—The attendance at the Out-patient Department is also increasing. The average daily attendance now is about 300. The casualty section is open all day and night; and urgent and serious cases are admitted at all hours.

4. *Surgical Ward.*—A good deal of Surgical work is done here. During 1958, 412 major and 1,356 minor operations were done. The construction of another operation theatre is nearly complete and it is hoped, that it will be brought into use before long.

5. *Training Centre for Nurses and Midwives.*—This hospital is a training centre for Nurses and Midwives. The sanctioned number of candidates for the training and the number actually admitted in each category are as follows:—

|                                       | <i>Number<br/>Sanctioned</i> | <i>Number<br/>Admitted</i> |
|---------------------------------------|------------------------------|----------------------------|
| (a) Candidates for General Nursing .. | 25                           | 18                         |
| (b) Candidates for Midwifery ..       | 21                           | 16                         |

### 6. *The Staff:*

(A) *The Medical Staff:*—Apart from Dr. H. G. Sattur, the Civil Surgeon, there is a Lady Medical Officer, a Resident Medical Officer, an Anaesthetist, a sub-charge, Four Medical Officers, and a Radiologist. In addition to this, there is the following Honorary staff:—

|                                               |     |
|-----------------------------------------------|-----|
| (a) Honorary Surgeon ..                       | One |
| (b) Honorary Physician ..                     | One |
| (c) Honorary E. N. T. Surgeon ..              | One |
| (d) Honorary Ophthalmologist ..               | One |
| (e) Honorary Medical Officer for Tuberculosis | One |

(B) *Nursing Staff* :—

This consists of :—

|                                      |    |          |
|--------------------------------------|----|----------|
| (a) Nursing Superintendent, Grade II | .. | One      |
| Officiating Matron.                  |    |          |
| (b) Sister Tutor                     | .. | One      |
| (c) Sisters                          | .. | Two      |
| (d) Officiating Night Superintendent | .. | One      |
| (e) Brother                          | .. | One      |
| (f) Sister I/c T. B. Clinic          | .. | One      |
| (g) Staff Nurses                     | .. | Ten      |
| (h) Staff Midwives                   | .. | Two      |
| (i) Student Nurses                   | .. | Eighteen |
| (j) Student Midwives                 | .. | Sixteen  |

Two posts of Staff Nurses are vacant. They should be filled up. Apart from this, there is ministerial staff, consisting of Secretary, Stewards, Clerks, Compounders, Laboratory and X-Ray Technicians, Social Worker, Ward Servants, Cooks, Dhobies, Sweepers, etc.

7. *The Clinical Unit System*.—I was glad to see, that the Unit system has been introduced here, and the following Units are functioning :—

|                                        |    |   |
|----------------------------------------|----|---|
| (a) Medical Units                      | .. | 2 |
| (b) Surgical Units                     | .. | 2 |
| (c) Units in Maternity and Gynaecology | .. | 1 |
| (d) E. N. T. Unit                      | .. | 1 |
| (e) Eye Unit                           | .. | 1 |
| (f) T. B. Unit                         | .. | 1 |
| (g) Radiology Unit                     | .. | 1 |
| (h) Laboratory Unit                    | .. | 1 |
| (i) Infectious Diseases Unit           | .. | 1 |
| (j) O. P. D. Unit                      | .. | 1 |
| (k) Anaesthesia Unit                   | .. | 1 |

There is no Dental Surgeon on the staff at present.

*Recommendations.*

(1) *Expansion of the Hospital*.—In view of the increased number of patients, the expansion of this Hospital is very necessary.

- (i) For the expansion of the Hospital, Plans and estimates to the extent of Rs. 7,91,000 have been submitted to Government. I trust, these will be sanctioned very soon, for this work is of an urgent nature ;
- (ii) The construction of another operation theatre is almost complete. This should be put into use very soon after the necessary equipment has been provided ;
- (iii) Separate store rooms have already been constructed for the male and female wards as well as the T. B. Ward and have been put into use. Electrical fittings are to be provided ;

(iv) A separate kitchen for non-vegetarian diet has been constructed. This also needs electrical fittings;

(v) *Quarters for Nurses.*—The accommodation available for the residence of student nurses and midwives in the hospital at present is very insufficient. One building has been hired by Government for their residence, but it is at some distance from the hospital, and is therefore causing much inconvenience to them in attending to their duties. About 35 student nurses and midwives are staying in that building. I feel, that there is urgent need for the construction of suitable quarters for the Nursing staff here. The plans and estimates, I understand, have been submitted to Government. I strongly support this proposal and recommend that it may be sanctioned at an early date;

(2) It is recommended, that an additional Lady Medical Officer may be posted at this Hospital to look after the female patients.

(3) The present Nursing staff is posted in the hospital on the basis of bed-strength of 155. As the number of in-patients is much more than this, the existing nursing staff is insufficient and very much over-worked. It is therefore, recommended that the following additional nursing staff may be posted here:—

|                                                                     |       |     |
|---------------------------------------------------------------------|-------|-----|
| Night Superintendent                                                | .. .. | One |
| Sisters (Nursing Superintendent for night ..<br>duty in the wards). |       | Two |

The posts of staff Nurses which are vacant at present should be filled up soon.

(4) An additional Laboratory Technician is required here, and I recommend that he may be posted here soon.

(5) The following equipment should be provided in this hospital:—

(a) An Electrocardiograph.

(b) A portable X-Ray Machine.

(6) The Hospital needs a good Library for the use of the Medical Officers. This should be provided. Some books should also be available for the use of patients.

(7) A canteen and some in-door games should be provided, which could be used both by the staff and the patients.

(8) The question of providing quarters for hospitals staff (apart from the Nurses) is important and is common to all the hospitals. It needs serious consideration; suitable quarters may be provided here.

(9) A Dental Surgeon should be appointed on the staff and a Dental Unit organised like the other units in the hospital.

(10) In my opinion this hospital is very suitable for being organised as a Teaching Hospital, and I recommend that this may be done.

(11) In the Belgaum District, the following building operations have been done :—

(a) *Cottage Hospital, Saundatti*.—The building of this hospital has been completed and it was declared open on 11th February 1958. I recommend that in this hospital the proposals for the provision of a separate Dark Room and a separate room for the Laboratory should be sanctioned, as they are absolute necessities. It also needs an Isolation Ward.

The following additional staff may be appointed in this Cottage Hospital :—

|           |    |    |     |
|-----------|----|----|-----|
| (a) Dhobi | .. | .. | One |
| (b) Mali  | .. | .. | One |

(b) *Shahpur Dispensary*.—The plan and estimate for the electrical fittings in the Maternity Ward in Shahpur Dispensary have been sanctioned by Government. I trust, the work will be completed very soon.

## APPENDIX 15.

### *Note on the Medical Facilities under the Employees' State Insurance Scheme.*

The Employees' State Insurance Scheme has been put into operation in the Mysore State, the first implementation being in Greater Bangalore area on 27th July 1958. Insured persons, according to the E. S. I. Act of 1948, are those that work in Factories using power in manufacturing process, and employing more than 20 persons, whose monthly emoluments do not exceed Rs. 400. The Scheme is compulsory and contributory. Insured Persons are entitled to 2 types of Benefit viz., Cash and Kind; the former consists of Sickness Benefit, Maternity Benefit, Disability Benefit and Dependents' benefit and these are made available to Insured Persons through the agency of the Regional Director of E. S. I. Corporation; and latter viz., Medical Benefit is really the pivotal benefit and according to the Act, it is the statutory responsibility of the State Government to provide the same. This is arranged by the State Government through the Medical Department and consists of "Medical care" and "Certification". The Director of Medical Services, is the Principal Medical Officer and is assisted by an



Administrative Medical Officer of the rank of "Surgeon", with an administrative unit attached to the Office of the Director of Medical Services, but located in a different building for the sake of convenience. The expenditure on Medical Benefit is shared between the E. S. I. Corporation and the State Government in agreed ratio, which is  $\frac{7}{8}$ th and  $\frac{1}{8}$ th respectively for the period of the Second Five Year Plan. The Corporation collects the Employers and Employees contribution direct through Regional Director. A Medical Referee who is an Officer of the E. S. I. Corporation acts as a liaison officer between the Medical benefit scheme and the Corporation and is the final authority on matters of certification. The service system as against the Panel System has been adopted; all the Doctors and ancillary staff working in the E. S. I. Hospital and various E. S. I. Dispensaries at Bangalore, belong to the Medical Department and are periodically posted into and out of the E. S. I. Scheme.

The special feature of the Medical Benefit Scheme is, that a uniform standard of Medical care is provided to Insured Persons all over the country, without making any difference between State and State. To this end the Corporation is advised by a Medical Benefit Council, of which all the Directors of Medical Services of the different States are members, in addition to the Director General of Health Services, and a member of the Indian Medical Association. Drugs and Medicines are made available in accordance with a standard Medical Formulary prepared by the Corporation, which is periodically revised by the Medical Benefit Council, being enlarged and liberalised to the advantage of Insured persons. The provision of the staff is on a standard Yard Stick scale laid down by the Corporation according to which one doctor and proportionate ancillary staff are provided for an average of 730 Insured Persons and their family members (each family unit roughly works out at number of Insured persons X 4). Drugs are divided into three categories (1) Ordinary Medicines comprising of Salts, Tinctures etc., required for day to day dispensing of mixtures and powders, (2) Special Medicines, which include all "Sulpha" preparations, antibiotics consisting of Pencillin and Streptomycin, practically all vitamin preparations and other injections and tablets, like Adrenalin Insulin, Calcium, Liver Extract, P. A. S. and so on, (3) "Specialists Preparations" which consists of a wide variety of drugs of all categories which can be prescribed only by Specialists. The special feature of this is to go by the chemical name of the drugs required and not take up selective individual proprietary preparations which mostly happen to be combinations of drugs. The liberalisation referred to above consists in specially enlarging Group II, *viz.*, Special Medicines to which Insured persons and their Families are entitled. Among the latest liberalisation, the most important is that the Anti-tubercular drugs, which hitherto came under Specialist Group, have been shifted to "Special Medicines" group, and therefore, can be prescribed by Insurance Medical Officers both to the Insured persons and families without any restrictions.



An important factor in conferring Medical Benefit is the scale. While insured persons are entitled to all Benefits as detailed below, \* restriction exists in the scale as it refers to Family members (family being defined by the Act as the spouse and minor legitimate and adopted children dependent upon the Insured persons and where the Insured person is a male, his dependent parents). Families are not entitled to "Hospitalisation, Ambulance services and Specialist services" which they have to continue to obtain as hitherto in common with the public. Likewise they are not entitled to Specialist Medicine Group and therefore can obtain from the Insurance Medical Officers first two groups referred to above, viz., Ordinary Medicine and "Special Medicines".

| <i>Scale of Medical Benefit to<br/>Insured Persons</i>                                             | <i>Scale of Medical<br/>Benefit to Families</i>                                                      |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1                                                                                                  | 2                                                                                                    |
| 1. Out-door treatment at the E. S. I. Dispensaries.                                                | 1. Out-door treatment at the E. S. I. Dispensaries.                                                  |
| 2. (a) Ordinary Medicines and dressings.<br>(b) Special Medicines and<br>(c) Specialist Medicines. | 2. (a) Ordinary Medicines and dressings.<br>(b) Special Medicines.                                   |
| 3. Pathological and X-Ray investigations.                                                          | 3. Limited to Pathological investigations that could be done at E. S. I. Dispensary.                 |
| 4. Domiciliary Visits.                                                                             | 4. Domiciliary visits only in emergencies under certain restricted conditions.                       |
| 5. Ambulance services.                                                                             | 5. Confinement at home for wife by midwife.                                                          |
| 6. Hospitalisation.                                                                                | 6. T. B. Cases under Domiciliary lines without hospitalisation but with all Anti-Tuberculosis drugs. |
| 7. Specialists consultations.                                                                      |                                                                                                      |
| 8. Ante-natal care, confinement and post-natal care for women employees.                           |                                                                                                      |
| 9. Emergency treatment.                                                                            |                                                                                                      |
| 10. Extended Medical Benefit to Insured persons suffering from T. B.                               |                                                                                                      |

On the basis of the above-the following arrangements are made in Greater Bangalore area with effect from 27th July 1958.

1. An Administrative Unit has been established under an Administrative Medical Officer of the rank of "Surgeon" and Dr. D. A. Lakshmana Rao is the Officer in-charge. For convenience, and due to shortage of accommodation in the Director of Medical Services Office, this Office is housed in a rented building at No. 50/1, Madhavanagar Extension—Telephone Nos. 6523 and 70023.

2. (a) A hundred bedded General Hospital exclusively for Insured Persons—but not their families—is established at 1-J. Sydney Road, opposite to the Museum in a rented building. The Hospital is under the charge of a Superintendent who is an Officer of the rank of "Surgeon". Dr. S. T. Parthasarathy is in-charge since its opening. The Hospital has a well equipped operation theatre, a 200 ma X-ray plant and a moderately well equipped Pathological Laboratory; more equipment that has been ordered is due for supply. As the accommodation is insufficient, another building *viz.*, No. 14, Sankey's Road has been taken on rent, and with effect from 1st June 1959 the Surgical Unit, Operation Theatre, Maternity and T. B. cases are accommodated in this building.

(b) Whenever any special surgical operations are to be performed or special investigations are considered necessary, patients are referred and admitted at the Victoria Hospital, Minto Ophthalmic Hospital and Vani Vilas Hospital, where beds are provided for the benefit of Insured persons, the cost of such treatment being met by the Medical Benefit Scheme by way of payment of capitation grant.

(c) Sixteen beds for Tuberculosis are reserved in the S. D. S. Sanatorium for Insured persons and the ward is fully occupied ever since the implementation day. A few cases of surgical Tuberculosis, and emergencies are also treated at the E. S. I. Hospital. The rest of Insured persons who are T. B. Cases and their Family members when diagnosis of T. B. is established, are given Domiciliary of treatment at all the E. S. I. Dispensaries.

3. (a) Seven part-time Specialists in General Surgery, Medicine, Tuberculosis, E. N. T., Eye, Skin and Obstetrics and Gynaecology have been appointed and are rendering services ever since 27th July 1958. The first three are rendering services thrice in a week and the latter four twice a week based on the yard stick laid down by the E. S. I. Corporation. All Insurance Medical Officers refer their cases for Specialist Examination and advice, as per existing rules. This facility is given only to Insured Persons and not their families.

(b) Two Ayurvedic Units are provided and are functioning in the E. S. I. Hospital; these are essentially used as reference centres, to which any Insurance Medical Officer can refer both Insured persons and their Families for examination and treatment; this is an additional facility for Insured persons who are otherwise attached to their regional Dispensaries. The Ayurvedic Physicians are not authorised to issue Medical Certificates of abstention to Insured Persons.

4. *Ambulance Service.*—Two Ambulance vans are provided, both of which run all the 24 hours of the day; one is stationed in the E. S. I. Hospital, No. 1-J, Sydney Road and the other at No. 14, Sankey's Road, Bangalore. All Insurance Medical Officers indent on these Ambulance Vans by Telephone (most dispensaries being provided with Telephone connections) for the benefit of the insured persons—but not their families. Under certain conditions and circumstances Ambulance Vans are also available for patients on discharge.

5. *Out Door Treatment.*—A net work of E. S. I. Dispensaries, is established, dotted over the entire Greater Bangalore area, depending on the residential concentration of Insured Persons; no difference is made on the basis of the Factories to which they are attached, or on the contribution they make; all are Insured Persons in one general sense and are attached to particular Dispensaries, nearest to their residence. Depending on the number of Insured Persons attached to each Dispensary, proportionate staff is posted; the Insured Persons during emergencies are also treated at other E. S. I. Dispensaries than the specific one to which they are assigned, the responsibility of out-door treatment thereby being treated as "Collective". Elaborate identification cards are issued to Insured Persons as well as their Family members. All the E. S. I. Dispensaries work from 8 A.M. to 12 NOON, and 4-30 P.M. to 6-30 P.M.

At present all the Dispensaries are housed in rented buildings, most of which are good although. In some, waiting space is not to the desired level. The E. S. I. Corporation has a programme of constructing their own buildings at an early date.

All ordinary medicines and Special Medicines (except specialist medicines) are made available to Insured Persons as well as their families. Insured Persons are entitled to Domiciliary visits at their residence in times of need. Family members are not ordinarily entitled to such visits except when one becomes a necessity, during treatment of a member in an E. S. I. Dispensary, whose

condition may deteriorate. The following is a list of E. S. I. Hospital and Dispensaries :—

| <i>Name of E. S. I.<br/>Dispensary</i>                            | <i>No. of<br/>Doctors<br/>allotted</i> | <i>No. of<br/>family<br/>units<br/>assigned</i> | <i>Monthly<br/>rent<br/>paid</i> | <i>Telephone<br/>No.</i> |
|-------------------------------------------------------------------|----------------------------------------|-------------------------------------------------|----------------------------------|--------------------------|
| 1. E. S. I. Hospital-1-J Sydney<br>Road and 14,<br>Sankey's Road. | 10                                     | ..                                              | 1,000<br>600                     | 6512<br>70767            |

#### FULL TIME DISPENSARIES

##### 2. E. S. I. Dispensary—

|     |    |                       |        |       |         |       |
|-----|----|-----------------------|--------|-------|---------|-------|
|     |    | Jalahalli             | 1      | 1,477 | 30      | 70323 |
| 3.  | Do | Yeswantapur           | 2      | 2,310 | 75      | 70942 |
| 4.  | Do | Malleswaram           | 4      | 3,800 | 125     | 70040 |
| 5.  | Do | Seshadripuram         | 1      | 1,460 | 125     | 6533  |
| 6.  | Do | Srirampuram I         | 4      | 4,616 | 125     | 6524  |
| 7.  | Do | Srirampuram II        | 3 (—1) | 1,841 | 80      | 6522  |
| 8.  | Do | Rajajinagar           | 1      | 1,398 | 80      | 6534  |
| 9.  | Do | Magadi Road           | 2 (+1) | 2,641 | 80      | 6531  |
| 10. | Do | Binyet                | 3      | 2,971 | 140     | 6536  |
| 11. | Do | Mysore Road           | 2      | 1,857 | 44      | ..    |
| 12. | Do | Subramanyapura        | 2 (—1) | 956   | Pending | 70213 |
| 13. | Do | Basavangudi           | 3 (—1) | 2,932 | 160     | 6528  |
| 14. | Do | Mavalli               | 2      | 1,852 | 45      | 70042 |
| 15. | Do | Chamarajpet           | 4      | 4,510 | 125     | 6531  |
| 16. | Do | City Market           | 2      | 1,752 | 175     | 6521  |
| 17. | Do | Chickpet              | 2      | 1,706 | 55      | 70324 |
| 18. | Do | Cottonpet             | 4      | 4,046 | 175     | 70041 |
| 19. | Do | Palace<br>Guttahalli. | 2      | 1,954 | 90      | 70046 |
| 20. | Do | Frasar Town           | 4      | 4,125 | 80      | 6526  |
| 21. | Do | Russel Market         | 2      | ..    | 140     | 6525  |
| 22. | Do | Russel Annexe         | 1      | 4,368 | 56.50   | 70769 |
| 23. | Do | Ulsoor                | 2      | 3,329 | 160     | 6527  |
| 24. | Do | Shoolai               | 1 (+1) | 2,055 | 125     | 70768 |

#### PART TIME DISPENSARIES

350  
278

#### EMPLOYEES' FACILITY DISPENSARIES (ONLY OUT DOOR).

|                                |       |
|--------------------------------|-------|
| 1. Hindustan Aircraft Ltd.     | 2,405 |
| 2. Indian Telephone Industries | 1,998 |

Extension of the E. S. I. Scheme to the whole state of Mysore.

*Scope.*—1. Under extension, the State Government is only concerned with making arrangements for "Medical Benefit".

2. Under Second Five Year Plan, Extension of Scheme is envisaged to all places with an Insurable population of 1,500 and over;

3. Under III Five Year Plan.

(a) the spill-over of Second Plan Programme as per above consideration—extension to places with an Insurable population of 500 and over;

(b) Increase in quantum of Benefit, especially to Families, whereby hospitalisation for Families will have to be provided, as also Ambulance Services.

*Modes of Operation.*—Medical Benefit is arranged by :—

(a) Establishment of Separate Hospitals and Dispensaries;

(b) Dovetailing the E. S. I. Activities into existing Hospitals and Dispensaries;

(c) Out-door care can be arranged in suitable places, by the Panel system; also there is no commital to adopt only the service or only the panel in all areas; in fact in the same town, there can be a combination or service and Panel systems.

#### *Note.*

A—Man power estimate therefore at this stage can be only a very approximate figure.

#### *Separate In-Patient Hospitals :*

These are contemplated only where the Bed Provision has to be 100 and above; otherwise existing Hospitals are to be availed on capitation payments and hence need for additional staff will not arise. In our State, except Bangalore, there may not be a need for a separate E. S. I. Hospital anywhere; only annexe construction may be undertaken for which E. S. I. Corporation will fully provide finance.

#### *Specialist Services :*

No full time Specialists are contemplated; existing Specialists of Hospitals in major centres will be availed by payment of allowances. In other areas, Civil Surgeons, on same analogy will function as Specialists.

#### *Dispensaries :*

In small areas, where Industrial population is below 1,500, if L. F. Dispensaries or other Dispensaries exist, the above can be

utilised, since the population to be served are already there only coming under a different name viz., E. S. I.

**B. Financial Commitment.**—The E. S. I. Corporation have worked out their yard stick for medical care with extension of full benefit to Families of Insured Persons viz., Hospitalisation and Ambulance Facilities. This is given as Rs. 56 per Family Unit. The financial requirements therefore are worked out as follows :—

Existing cost for 50,000 family units at Bangalore, with the present restricted scale of medical benefit to families as provided in the current year's Budget, including extension to two areas.

Rs. 22.67 lakhs.

(a) On conversion of this into Full Scale Benefit for Families also, the Yard Stick rate of Rs. 56 per Family Unit becomes applicable, and therefore the total provision, has to be Rs.  $50,000 \times 56 = 28$  lakhs. This is the opening balance for the First Year of Third Plan.

(b) The additional coverage is approximately under 50,000 (whether it is fully taken up in Third Plan, or part of it is treated as spill-over from Second Plan, the total remains the same) for entire period of the Third Plan (Approximately phased at 10,000 for each year.)

(c) The total at the end of the Third Plan would therefore be one lakh Family Units, at Rs. 56 per Family Unit, total annual expenditure would therefore be 56 lakhs; out of this only 1/8th viz., 7 lakhs is the States share; remaining 7/8th is borne by E. S. I. Corporation.

(d) In actual working out of details, the implementation cost would be set off against the savings out of Rs. 56 for a "13 week period" which is the interval after which Families become entitled after the Implementation Day. Therefore implementation cost need not be separately provided.

*Summing up :*

|                                                                           |               |
|---------------------------------------------------------------------------|---------------|
| Committed expenditure to be provided at the commencement of the III Plan; |               |
| Scheme having to be inevitably run ..                                     | 28 lakhs      |
| Extension for a further 50,000 units during the entire III Plan period .. | 28 lakhs      |
| <hr/>                                                                     |               |
| Total expenditure at the close of III Plan period—per annum. ..           | 56 lakhs      |
| State Share ..                                                            | 7 lakhs P.A.  |
| E. S. I. Corporation share ..                                             | 49 lakhs P.A. |
| <hr/>                                                                     |               |

A tabular statement is attached, showing the Centres to which the Scheme is to be extended during the III Plan including II Plan

spill-over with probable arrangement and consequential man-power required. A list of centres with insured persons above 500, is also enclosed.

Government have since decided the extension of the scheme during the current year to (1) Bhadravathi and (2) Hubli and the Administrative Medical Officer is taking action to survey these two places and formulate proposals for the extension of the scheme to these places. The financial commitment on this account would approximately be  $9,600 \times 40 = 3,84,000$  per annum providing for full medical benefit to Insured Persons and restricted Medical Benefit to their Families.

(Sd.) D. A. Lakshmana Rao,  
Administrative Medical Officer.



**EXPANSION OF E.S.I. SCHEME TO OTHER AREAS IN THE STATE DURING THE III FIVE YEAR PERIOD (INCLUSIVE OF EXTENSION PROGRAMME OF II PLAN WHICH IS TO BE TREATED AS SPILL-OVER.**

| Name of Centre | Insurable employees<br>(No. of family Units)<br>for which benefit is to be provided | In-door                                 |                                                            |                    | Out-door                                                                                                     |                                                       | Specialists | Doctors | Nurses | Ambulance Drivers |    |    |    |    |    |
|----------------|-------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------|---------|--------|-------------------|----|----|----|----|----|
|                |                                                                                     | Specialist                              | Hospitalisation                                            | Ambulance services | No. of Dispensaries                                                                                          | Other facilities to be availed such as Employers etc. |             |         |        |                   |    |    |    |    |    |
| Mysore         | 4,840                                                                               | Existing specialists in K. R. Hospital. | Existing facilities by capitation and annexe construction. | One                | Three                                                                                                        | ..                                                    | ..          | 6       | 3      | 3                 | 3  | 6  | 1  | 2  |    |
| Mangalore      | 6,248                                                                               | do                                      | do                                                         | One                | Four                                                                                                         | ..                                                    | ..          | 8       | 4      | 4                 | 4  | 8  | 1  | 2  |    |
| Gulbarga       | 3,392                                                                               | Civil Hospital                          | Civil Hospital                                             | One                | Two                                                                                                          | ..                                                    | ..          | 4       | 2      | 2                 | 2  | 4  | 1  | 2  |    |
| Chitapur       | 2,564                                                                               | do                                      | do                                                         | One                | Two                                                                                                          | do                                                    | ..          | 4       | 2      | 2                 | 2  | 4  | 1  | 2  |    |
| Hubli          | 1,485                                                                               | do                                      | do                                                         | One                | One                                                                                                          | (with detention beds for general and maternity).      | ..          | 2       | 1      | 1                 | 1  | 2  | .. | 2  |    |
| Dandeli        | 2,271                                                                               | do                                      | do                                                         | One                | ..                                                                                                           | ..                                                    | ..          | 4       | 2      | 1                 | 2  | 4  | 1  | 2  |    |
| Belgaum        | 6,805                                                                               | do                                      | Hubli                                                      | One                | Three                                                                                                        | ..                                                    | ..          | 6       | 3      | 3                 | 3  | 6  | 1  | 2  |    |
| Bijapur        | 870                                                                                 | Civil Hospital                          | Civil Hospital                                             | ..                 | Facilities will be obtained by reservation of beds in the Civil Hospital, Bijapur, on payment of capitation. |                                                       |             |         |        |                   |    |    |    |    |    |
| Bellary        | 588                                                                                 | do                                      | do                                                         | do                 | do                                                                                                           | do                                                    | do          | ..      | ..     | ..                | .. | .. | .. | .. |    |
| Hassan         | 836                                                                                 | do                                      | do                                                         | do                 | do                                                                                                           | do                                                    | do          | ..      | ..     | ..                | .. | .. | .. | .. |    |
| Raichur        | 515                                                                                 | do                                      | do                                                         | do                 | do                                                                                                           | do                                                    | do          | ..      | ..     | ..                | .. | .. | .. | .. |    |
| Gadag          | 533                                                                                 | do                                      | do                                                         | do                 | do                                                                                                           | do                                                    | do          | ..      | ..     | ..                | .. | .. | .. | .. |    |
| Bagalkot       | 651                                                                                 | do                                      | do                                                         | do                 | do                                                                                                           | do                                                    | do          | ..      | ..     | ..                | .. | .. | .. | .. |    |
| Bhadravathi    | 6,103                                                                               | Civil Hospital                          | Employers facilities.                                      | One                | Two                                                                                                          | Employees facilities.                                 | ..          | 4       | 2      | 2                 | 2  | 4  | 1  | 2  |    |
| Harihar        | 1,597                                                                               | do                                      | do                                                         | One                | Two                                                                                                          | do                                                    | ..          | 4       | 2      | 2                 | 2  | 4  | 1  | 2  |    |
| Davangere      | 5,536                                                                               | do                                      | Civil Hospital                                             | One                | Two                                                                                                          | do                                                    | ..          | 6       | 2      | 2                 | 2  | 6  | 1  | 2  |    |
| Kanakapura     | 705                                                                                 | District Headquarters Hospital.         | District Headquarters Hospital.                            | One                | One                                                                                                          | do                                                    | ..          | 1       | 1      | 1                 | 1  | 1  | 1  | .. |    |
| Kollegal       | 808                                                                                 | do                                      | do                                                         | One                | One                                                                                                          | do                                                    | ..          | 1       | 1      | 1                 | 1  | 1  | .. | .. |    |
| T. Narasipura  | 644                                                                                 | do                                      | do                                                         | ..                 | One                                                                                                          | do                                                    | ..          | 1       | 1      | 1                 | 1  | 1  | .. | .. |    |
| Total          |                                                                                     |                                         |                                                            |                    |                                                                                                              |                                                       |             | ..      | 51     | 26                | 25 | 26 | 51 | 9  | 20 |

| <i>Name of District</i> |    | <i>Name of Centre</i> |    | <i>No. of Factories</i> | <i>No. of Employees</i> |
|-------------------------|----|-----------------------|----|-------------------------|-------------------------|
| Bangalore               | .. | Kanakapura            | .. | 4                       | 705                     |
| Mysore                  | .. | Mysore                | .. | 23                      | 4,840                   |
|                         |    | Kollegal              | .. | 4                       | 808                     |
|                         |    | T.-Narasipur          | .. | 1                       | 644                     |
| Shimoga                 | .. | Bhadravathi           | .. | 2                       | 8,103                   |
| Hassan                  | .. | Hassan                | .. | 9                       | 836                     |
| South Kanara            | .. | Mangalore             | .. | 36                      | 6,248                   |
| Bellary                 | .. | Bellary               | .. | 6                       | 588                     |
| Gulberga                | .. | Gulberga              | .. | 5                       | 3,392                   |
|                         |    | Chitapur              | .. | 2                       | 2,564                   |
| Raichur                 | .. | Raichur               | .. | 10                      | 515                     |
| North Kanara            | .. | Dandeli               | .. | 4                       | 2,271                   |
| Dharwar                 | .. | Hubli                 | .. | 23                      | 1,485                   |
|                         |    | Gadag                 | .. | 13                      | 533                     |
| Belgaum                 | .. | Belgaum               | .. | 30                      | 6,805                   |
| Bijapur                 | .. | Bijapur               | .. | 5                       | 870                     |
|                         |    | Bagalkot              | .. | 5                       | 651                     |
| Chitaldurg              | .. | Harihar               | .. | 5                       | 1,597                   |
|                         |    | Davangere             | .. | 8                       | 5,538                   |

List of E.S.I. Hospital and Dispensaries situated in Greater  
Bangalore.

| <i>Sl. No.</i> | <i>Name of Unit</i>         | <i>Address</i>                                            | <i>Telephone number</i> |
|----------------|-----------------------------|-----------------------------------------------------------|-------------------------|
| 1              | E.S.I. Hospital             | No. 1/J, Sydney Road, Bangalore.                          | 6512                    |
| 2              | E.S.I. Dy. Jalahalli        | No. T/80, Bharat Electronic Estate.                       | 70323                   |
| 3              | Do Yeswantapur              | No. 51, Model Colony, Yeswantapur.                        | 70942                   |
| 4              | Do Malleswaram              | No. 2452, 1st Cross, Malleswaram                          | 70040                   |
| 5              | Do Seshadripuram            | No. 80, Nehru Nagar, III Cross Road.                      | 6533                    |
| 6              | Do Srirampuram I            | No. 1151, IV Cross Road                                   | 6524                    |
| 7              | Do Srirampuram II           | No. 1571, I, Main, Nagappa Block.                         | 6522                    |
| 8              | Do Rajajinagar              | No. 666, III, Block, Rajajinagar                          | 6534                    |
| 9              | Do Magadi Road              | No. D-12, I, Main Road, Gopalapuram.                      | 6531                    |
| 10             | Do Binnypet                 | No. 21, Pension Cross, Mysore Road.                       | 6536                    |
| 11             | Do Mysore Road              | Twin quarters of Mysore Housing Board at Byatarayanapura. | ..                      |
| 12             | Do Subramanyapuram.         | Krishna Weaving Mills premises                            | 70213                   |
| 13             | Do Basavangudi              | No. 154, Subbarama Chetty Circle.                         | 6528                    |
| 14             | Do Mavalli                  | No. 18/1, Girls School Road                               | 70042                   |
| 15             | Do Chamaraipet              | No. 39, III, Main Road, Chamaraipet.                      | 6532                    |
| 16             | Do City Market              | No. 29-30, Kalasipalyam-Main Road.                        | 6521                    |
| 17             | Do Chickpet                 | No. 14, XVII Cross, Cubbonpet                             | 70324                   |
| 18             | Do Cottonpet                | No. 59, Akkipet                                           | 70041                   |
| 19             | Do Palace Gutta-halli.      | No. 123/2, Mosque Road                                    | 70046                   |
| 20             | Do Fraser Town              | No. 32, Cline Road, Cox Town                              | 6526                    |
| 21             | Do Russel Market (Annexure) | No. 202, Cavalry Road<br>No. 93, Shivaji Nagar            | 6525<br>70769           |
| 22             | Do Ulsoor                   | No. 5, Cambridge Road Cross                               | 6527                    |
| 23             | Do Shoolai                  | No. 1/3, Palm Grove Road, Austin Town.                    | 70768                   |

## APPENDIX 16.

## MEDICAL COUNCIL OF INDIA.

*Code of Medical Ethics—Declaration.*

At the time of registration, each applicant shall submit the following written and signed declaration (General declaration accepted by the General Assembly of the World Medical Association at London on October 12th, 1949) to the Registrar concerned attested by the Registrar himself, or a registered medical practitioner.

(1) I solemnly pledge myself to consecrate my life to the services of humanity;

(2) I will give to my teachers the respect and gratitude which is their due;

(3) I will practise my profession with conscience and dignity;

(4) The health of my patient will be my first consideration;

(5) I will respect the secrets which are confined in me;

(6) I will maintain by all means in my power, the honour and noble traditions of medical profession;

(7) My colleagues will be my brothers;

(8) I will not permit consideration of religion, nationality, race, party-politics or social standing to intervene between my duty and my patient.

(9) I will maintain the utmost respect for human life from the time of conception;

(10) Even under threat, I will not use my medical knowledge contrary to the laws of humanity;

I make these promises solemnly, freely and upon my honour.

*Code.*

1. *Honour of the profession.*—Every one, on entering the medical profession, and thereby becoming entitled to full professional fellowship, incurs the obligation to advance the science and art of medicine, to guard and uphold its high standard of honour, to conform to the principles of professional conduct and to conduct himself as a gentleman. He should cherish a proper pride in his colleagues and disparage them neither by act nor word.

2. *Standard of character and morals.*—The Medical profession expects from its members the highest type of character and morals and to attain such a standard is a duty every physician owes alike to the profession and to the public. It is incumbent on physicians to be temperate in all matters, for the practice of medicine requires the unremitting exercise of a clear and vigorous mind.

3. *Purpose of Medical Society.*—Every physician should identify himself with the organised body of his profession of his country and its constituent (provincial or local) medical societies. These societies are the chief elements of strength in the organisation of the profession and should be made instruments for the cultivation of fellowship, for the advancement of the science of medicine, for the dissemination of medical knowledge, for the promotion in general of the interests of the profession and the maintenance of ethical standards and of the welfare of the public.

If a member of a medical society is unable to agree to a course adopted by the majority of the members, he should abstain from manifesting publicly his dissent by addressing letters to the laypress. He may, however, urge his opinion in professional journals.

4. *Gratuitous services.*—A physician should always recognise poverty as presenting valid claims for gratuitous service, but endowed institutions, societies for mutual benefits, life insurance or analogous bodies are not entitled to receive such services.

5. *Remuneration for services.*—A physician should deem it a point of honour to adhere, with as much uniformity as the varying circumstances will admit, to the compensation for professional services, prevailing in the community in which he practices. It is unethical to enter into a contract of "no cure, no payment."

If he comes to know that his patient wishes to make an expensive gift to him or bequeath a portion of his property to him in his will in recognition of his professional services, it is his duty to make the fact known to the patient's lawful heirs, or legal advisers, lest it should be said that he used an undue influence.

6. *Commission or bonus.*—A physician shall not give, solicit, or receive, nor shall he offer to give, solicit or receive, any gift, gratuity, commission or bonus in consideration of or in return for the referring, recommending or procuring of any patient for medical, surgical or other treatment. A physician shall not directly or by any subterfuge participate in or be a party to the act of division, transference, assignment, subordination, rebating, splitting or refunding of any fee for medical, surgical or other treatment.

The provisions of this section shall apply with equal force to the referring, recommending or procuring by a physician or any person, specimen or material for diagnostic, or other study or work. Nothing in this section, however, shall prohibit payment of salaries by a qualified physician to other duly qualified person rendering medical care under his supervision.

7. *Services to physicians.*—There is no rule that a physician should not charge another physician for his services, but ordinarily it should be regarded as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependents. When a physician is summoned from a distance to attend

or advise another physician or his dependents, reimbursement, should, however, be made for travelling and other incidental expenses.

8. *State Laws.*—It is the duty of a physician to bear his part in sustaining the laws, institutions and burdens of his community. He should co-operate in the observance and enforcement of sanitary laws and regulations in the interest of public Health. A physician should observe the provisions of State Acts like Drugs Act, Pharmacy Act, Poisons and Dangerous Drugs Act and such other Acts, Rules and Regulations made by the State or local administrative bodies for the protection and promotion of public health.

9. *Reporting communicable diseases.*—A physician should, when indicated, instruct his patients in regard to quarantine regulations and measures for the prevention of communicable diseases. He should report all cases of such diseases under his care. During the prevalence of an epidemic, it is his duty to face the danger and to continue his labours for the alleviation of suffering even at the risk of his own life.

10. *Certification.*—It is unethical for a physician to issue certificates, or reports which are untrue, misleading or improper.

11. *Reporting dishonest practice.*—A physician should report to the Medical Council of the State any corrupt or dishonest conduct of a member of the medical profession that comes to his knowledge.

12. *Association with practitioners registered under Statutory Acts.*—It is not unlawful to go in consultation with qualified medical practitioners registered under any statutory Act of the State.

13. *Employment of unqualified persons.*—A physician should not employ in connection with his professional practice any attendant who is neither registered nor enlisted or exempted under the Medical Acts in force or list for unethical practices and should not permit such persons to attend, treat or perform operations upon patients in respect of matters requiring professional discretion or skill, as it is dangerous to public health.

2. A physician should not countenance even by his presence, advice, assistance and co-operation, an unqualified assistant to attend, treat or perform any operation upon a patient in respect of any matter requiring professional discretion or skill, to issue or cause to issue any certificate, notification report or other documents.

*Note.*—The foregoing does not apply so as to restrict the proper training and instruction of bonafide students, legitimate employees of doctors, midwives, dispensers, surgical attendants, or skilled mechanical and technical assistants under the personal supervision of physicians.

14. *Advertising.*—A physician shall not make use of, or aid or permit others to make use of him (or his name) as subject of any form or manner of advertising or publicity through lay channels, either alone or in conjunction with others, which shall be of such a character, as to invite attention to him or to his professional position, skill, qualifications, achievements, attainments, specialties, appointments, association, affiliations, or honours and/or of such characters as would ordinarily result in his self-aggrandisement; nor shall he give to any person whomsoever, whether for compensation or otherwise, any approval, recommendation, endorsement, certificate, report or statement with respect of any drug, medicine, nostrum, remedy, surgical or therapeutic article, apparatus or appliance or any commercial product or article, or with respect of any property, quality, or use thereof, or any test, demonstration, or trial thereof, for use in connection with his name, signature, or photograph in any form or manner of advertising through lay channel; nor shall he boast of cases, operations, cures or remedies, or permit the publication of reports thereof through lay channels.

(b) Any physician must not exhibit publicly the scale of fees. But there is no objection to the same being put in the physician's consulting or waiting room.

(c) It is not unethical for a physician to announce in press, lay or profession, his commencement of practice, interruption or resumption of it after a long interval, or a change of his address, but such announcements containing his address and telephone number shall not appear more than twice and in local papers.

(d) A physician should not contribute to the lay press articles and give interviews regarding diseases and treatments which may have the effect of advertising himself or soliciting practice; but it is open to him to write to the lay press under his own name on matters of public health, hygienic living or to deliver public lectures, give talks on the radio broadcast, for the same purpose and send announcement of the same to the lay press.

(e) An institution run by a physician for a particular purpose such as a maternity home, a sanatorium, a house for the cripple or the blind, etc., may be advertised in the lay press, but such advertisements should not contain anything more than the name of the institution, type of patients admitted, facilities offered and the residential fees. Names of either the Superintendent or the Doctors attending should not appear in the advertisement.

(f) It is improper for a physician to use unusually large sign-boards and write on it anything other than his name, qualifications obtained from a University or a statutory body, titles and the name of the speciality. The same should be the contents of his prescription papers, which may, in addition, contain his address and telephone number. There should be no mention on the sign-board, prescription form or on letterhead of any position that



he may be holding or may previously have held on the staff of a hospital or institution. It is improper to affix a sign-board on a chemist's shop or in places where he does not reside or work.

15. *Running an open shop.*—A physician should not run an open shop for sale of medicine, for dispensing prescriptions prescribed by doctors other than himself, or for sale of medical or surgical appliances.

16. *Association with manufacturing firms.*—A physician should not hold any personal ownership in patents for any drug, apparatus, instrument or appliance used in medicine or surgery. He should not solicit, accept or receive rebates or commission from prescribing of any agent used therapeutically. He should not derive pecuniary profits from the sale of any secret remedy. A physician must not write prescriptions in private formulae of which only he or any particular pharmacy has the key. Such secret preparations are unprofessional. It does not prevent a physician keeping certain standard lotions or mixtures as long as a formula of the same is available. He should not advertise himself through manufacturing firms directly or indirectly; such as through price lists or publicity materials of manufacturing firms or traders with which he may be connected in any capacity. It is permissible for him to publish his name in connection with the prospectus of Directors' or Technical Experts' report.

17. *Obligations to the sick.*—Though a physician is not bound to treat each and every one asking his services expect in emergencies, for the name of humanity and the noble traditions of the profession, he should not only be ever ready to respond to the calls of the sick and the injured, but should be mindful of the high character of his mission and the responsibility he incurs in the discharge of his professional duties. In his ministrations, he should never forget that the health and the lives of those entrusted to his care depend on his skill and attention. A physician should endeavour to add to the comfort of the sick by making his visits at the hour indicated to the patients.

18. *Termination of services.*—A physician has a right to choose his patients and to lay down limits of his services, but once he accepts the charge, he cannot leave the patients without their consent except for valid reasons, such as the following:—

- (i) Where he finds another practitioner in attendance;
- (ii) Where remedies other than those prescribed by him are being used;
- (iii) Where his remedies and instructions are refused;
- (iv) Where he is convinced that illness is an imposture and he is being made a party to a false pretence;
- (v) Where the patient persists in the use of opium, alcohol, chloral or similar intoxicating drugs against medical advice;

(vi) Where complete information concerning the facts and circumstances of the case are not supplied by the patient or his relatives;

(vii) Any other inevitable circumstances;

The discovery that the malady is incurable is not an excuse to discontinue attendance.

19. *Behaviour towards patients.*—Physician's demeanour towards his patients should be courteous, sympathetic, friendly and helpful. Undertaking the care of the patient, however, does not imply, that a physician shall be blamed for not curing him, if he (the physician) has employed reasonable skill and professional knowledge.

20. *Guarding the patient's confidence.*—Every patient should be treated with attention and consideration, and the confidence which a physician receives should be guarded with the most scrupulous fidelity and honour. The obligation extends beyond the period of professional services; none of the privacies of individual or domestic life, no infirmity of disposition or flaw of character, observed during medical attendance, should ever be divulged by a physician except when required by Statutory Law or by the Courts or when it is in public interest.

21. *Timely warning to patient's family.*—The physician should be a minister of hope and comfort to the sick; however, he should not fail to give timely notice of dangerous manifestations to the family or friends of the patient and also to the patient when necessary.

22. *Consultations.*—A physician should, except, in emergencies, request consultation in perplexing cases, in operations of mutilating or destructive nature on an unborn child, in operations which may vitally affect the intellectual or regenerating capacity of the patient, in therapeutic abortion and in suspected case of poisoning, or when desired by the patient or his representative.

23. *Punctuality in consultations.*—Utmost punctuality should be observed by a physician in meeting for consultation.

24. *Conduct in consultation.*—In consultations, no insincerity, rivalry or envy should be indulged in. All due respect should be observed towards the physician-in-charge of the case and no statement or remark be made, which would impair the confidence reposed in him. For this purpose, no discussion should be carried on in the presence of the patient or his representatives.

25. *Statement to Patient after Consultation.*—All statements of the case to the patient or his representatives should take place in the presence of all the physicians consulting, except as otherwise agreed; the announcement of the opinion to the patient or his relation or friends shall rest with the medical attendant.

26. *Disagreement in Consultation.*—It may happen that the attending physician and the consultant cannot agree in their views of the case or of the treatment to be pursued. In the event of such disagreement, another consultant should be called. In a case of definite and unresolvable difference of opinion, the matter may be referred to the patient or to his representative.

27. *Treatment after Consultation.*—No decision should retrain the attending physician from making such subsequent variations in the treatment as any unexpected change may require, but at the next consultation, reasons for the variations should be stated. The same privilege, with its obligation, belongs to the consultant when sent for in an emergency during the absence of the attending physician. The attending physician may prescribe at any time for the patient, the consultant only in case of emergency.

28. *Consultant not to take charge of the case.*—When a physician has been called as a consultant, none but the rarest and most exceptional circumstances would justify the consultant taking charge of the case. He must not do so merely on the solicitation of the patient or friends.

29. *Patients Referred to Specialists.*—When a patient is referred to a specialist by the attending physician, a statement of the case should be given to the specialist, who should communicate his opinion in writing in a closed cover direct to the attending physician.

30. *Appointment of a Substitute.*—Whenever a physician requests another physician to attend his patients during his temporary absence from his practice, professional courtesy requires the acceptance of such appointment, if consistent with his other duties. The physician acting under such an appointment should give the utmost consideration to the interest and reputation of the absent physician. All such patients should be restored to the care of the latter upon his return.

31. *Visiting another Physicians's Case.*—A physician called to visit a patient who has recently been under the care of another physician in the same illness, should not take charge of, nor prescribe for such patient except in a case of emergency, when he should communicate to the former explaining the circumstances under which the patient was seen and treatment given, or when the physician has relinquished his case, or when the patient has notified such physician to discontinue his services.

When it becomes the duty of a physician occupying an official position to see and report upon an illness or injury, he should communicate to the physician in attendance so as to give him an option of being present. The medical officer should avoid remarks upon the diagnosis or the treatment that has been adopted.

32. *Engagement for an Obstetric Case.*—If a physician agrees to attend a woman during her confinement, he must do so. Inability to do so on an excuse of any other engagement is not tenable, except when he is already engaged on a similar or other serious case. When a physician who has been engaged to attend an obstetric case is absent and another is sent for and delivery accomplished, the acting physician is entitled to his professional fees, but should secure the patient's consent to resign on the arrival of the physician engaged.

1. *Amendments and Alterations.*—Any State (Provincial) Medical Council may from time to time constitute, adopt, amend, alter and/or repeal such existing and additional regulations respecting professional conduct binding only upon its own members, not inconsistent or in conflict with the principles of professional conduct or with the constitution and Bye-Laws of the Medical Council of India, as such a State Council may deem advisable for the reasonable regulation of the conduct of its members and the furthering of its aims and purposes, through bye-law provisions adopted in accordance with the provisions of its own constitution and bye-laws of the Indian Medical Council.

2. *Enforcement, Disciplinary action and Punishment.*—Every State Medical Council is charged with the duty of carrying out and enforcing, within its jurisdiction the terms and provisions of the principles of professional conduct. What is stated in the Code of Ethics does not constitute a complete list of Ethical rules. A State Medical Council is, therefore, not precluded from dealing with any type of conduct of physician which the Council considered unethical. Any breach of any one or more of the terms or provisions of any further or additional regulation respecting professional conduct adopted as herein provided by any competent State (Provincial) Medical Council through Bye-Laws adopted in accordance with its own constitution, and bye-laws of the Medical Council of India (a) shall fix and determine the degree or degrees of disciplinary action and the nature and extent of the penalty or punishment which may be imposed and (b) shall adopt its own rules and regulations of methods and procedures respecting all disciplinary investigations and rulings of each State Medical Council with respect to these principles of professional conduct or with respect to any further and additional regulations respecting professional conduct adopted by it as herein provided, shall be binding upon its members until modified, revised or reversed, on appeal, by the Medical Council of India or by a Court of competent jurisdiction.

## APPENDIX 17.

*The Mysore Medical Register : 1953. Published by the Registrar,  
Mysore Medical Council, 9153, pp. 17—25.*

*A Code of Medical Ethics.*

1. *General Advice.*

The following general advice and remarks on some of the main principles of Medical Ethics, as set down in Dr. Robert Saundby's book of "Medical Ethics" and approved by the Mysore Medical Council, are published for the information and guidance of registered practitioners :—

"There are three principles which may be regarded as the corner stones of Medical Ethics. In the relation of a medical practitioner towards his colleagues, he should obey the golden rule, which teaches that "Whatsoever ye would that men should do to you, do ye even so to them;" in his relation to his patients their interests should be his highest consideration "Aegroti Salus suprema lex;" in his relation to the state, to the laws of his country, and his civic duties, there is no better guiding principle than the words "Render, therefore unto Caesar the things that are Caesar's—in other words, obey all lawful authority."

"The duty that a medical man owes to the profession of which he is a member is one of the highest he is called upon to fulfil, as his obligations to his country can alone be allowed to have greater claims upon him. He should cherish a proper pride in his calling, but endeavour to increase the public esteem in which it is held by good and worthy deeds. His life should be discreet and sober avoiding excess or extravagance of dress and demeanour".

"He should regard with respect the regulations of all duly constituted professional bodies which are set in authority over him by the laws of his country or by the rules of those medical societies of which he is voluntarily a member, and he should obey them in spirit as well as letter.

"He should respect professional opinion, and not stand aloof from movements designed to promote the interest of the profession; if unable to agree with the course adopted by the majority, he should abstain from manifesting publicly his dissent by addressing letters to lay newspapers, but should confine himself to urging his opinion in those professional journals which are open to him".

"In all dealings with patients, the interest and advantage of their health should alone influence his conduct towards them. As their trust in the profession is great, so the obligation to be true to their interests is greater, and any signal failure in this respect is wholly discreditable and inexcusable."



"The consequences of breach of this rule may be most serious from a professional point of view, involving even the removal of the offender's name from the medical register, but only the grossest cases are thus brought to light. In most cases the individual's conscience is the sole arbiter, for no one can judge motives; hence there is urgent need to avoid those slight departures from rectitude by which the sensitiveness of this private monitor may become deadened."

"The Medical practitioner must not only deal honestly with his fellowmen, but he is called upon to show more than usual benevolence towards them, so as to maintain the honourable tradition by which the physician is regarded as the friend of all persons, without respect to race, creed or social position."

The following further advice and remarks on some of the main principles of Medical Ethics, as approved and adopted by the Mysore Medical Council, are published for the information and guidance of registered practitioners.

### *Some Objectionable Practices.*

1. The following and similar practices which tend to lower the dignity of the profession should be avoided:—

(a) Soliciting private practice, either personally or by advertisement in the newspapers, by placards, or by the distribution of circulars, cards or hand bills or by giving as commission a percentage of any fees received.

(b) Entering into any compact in his personal capacity with a pharmacist or any manufacturer or firm dealing with medical and surgical appliances or requisites, to receive a share in the profits arising from the sale of medicines prescribed, or medical or surgical appliances.

(c) Keeping an open shop, that is, one for the sale of medicines, medical or surgical appliances, etc., other than those prescribed by himself or by another registered practitioner, or styling his dispensary in such a way as to cause it to be taken for chemist's shop, *e.g.*, Murthi & Co., Dispensing Chemists, etc. It is understood that while consulting rooms which bear names like "Srinivasa Pharmacy" might be allowed when they conform to the other provisions, names which suggest companies, dispensing chemists, etc., are objectionable.

(d) Deriving pecuniary profit from the sale of any secret remedy.

(e) Taking any part in the manufacture or sale of a proprietary food or medicine. A practitioner should not allow his name to be associated in any way with articles of this description or lend himself to the puffing of such articles.

(f) Receiving commissions from trades-people in return for recommending them or their wares, or from dentists for recommending patients and paying commission to hotel proprietors, lodging-house keepers, nurses, midwives or others for introduction to cases.

(g) Writing prescriptions in a private formula of which only a particular pharmacist has the key. Such secret prescriptions are unprofessional.

(h) Covering persons who do not hold a registrable qualification under the Medical Acts, or the Mysore Medical Act or any other Indian Provincial Medical Registration Acts, or entering into any compact with a person who is not registered or who does not possess a registrable qualification as above, and who owns an institution for the treatment of patients by Electro-therapeutics, x-ray therapeutics, Vaccine therapeutics or commission from the profits of any such business of a medical nature.

(i) Agreeing to attend any patient on the terms "no cure, no pay."

(j) Exhibiting publicly a scale of fees.

(k) Publishing or sanctioning the publication of reports of cases or operations other treatment or letters of thanks from patients or of any kind of laudatory notices with regard to professional matters, with or without photographs in non-professional newspapers or journals.

(l) Discussing the futility or utility of different methods of diagnosis or treatment of various diseases, in the lay press under their names and designations, or by correspondence or by granting interviews to the representative of the lay press, and allowing the same to be published in or under their names.

#### *Medical Certificate.*

2. (a) Registered practitioners are in certain cases bound by law to give, or may be from time to time called upon or requested to give, certificate, notifications, reports and other documents of a kindred character, signed by them in their professional capacity, for subsequent use either in courts of Justice or for administrative purposes. Such documents include among others, certificates, notification, reports etc :—

- (i) Under the statutes relating to births, deaths, or disposal of the dead.
- (ii) Under the acts relating to Lunacy and mental deficiency and the rules made thereunder ;
- (iii) Under the vaccination Act ;
- (iv) Under the Factory Acts.

Certificates granted in contravention of the above will make the practitioner liable to have his name erased from the Medical Register.



(b) Certificate issued by a medical practitioner over his signature should correspond strictly with facts within his personal knowledge, and should not be untrue, misleading or improper.

(c) They should not cover more than the actual period during which the patient had been under his personal observation.

(d) They should not be given for inadequate or extraneous reasons.

*Medical Attendance in General and Consultations.*

3. No member should meet in consultation any practitioner who does not hold a registrable qualification.

4. Every member should endeavour to observe punctuality in consultation appointment. If the medical attendant has not arrived within a reasonable time (*e.g.*, a quarter of an hour after the appointed hour), the consultant shall be at liberty to see the patient alone, and should have his conclusions in writing in a closed envelope. The consultant also should be as punctual as possible.

5. The result of the consultation shall be mutually arranged between the Medical attendant and the consultant, and the duty of announcing it to the patient's friends shall rest with the medical attendant.

6. Differences of opinion should not be divulged unnecessarily but when there is an irreconcilable difference of opinion, the circumstances should be frankly and impartially explained to the patient's friends by the medical attendant. It is open to them to seek further advice, either in consultation with those already in attendance, or with the medical attendant only.

7. The attendance of a consulting practitioner should cease when the consultation is concluded, unless another appointment is arranged by the medical attendant or unless the patient has dispensed with the services of the medical attendant and engaged those of another. In no case shall the consulting practitioner treat the patient alone or hand him over to his assistants without the knowledge of the medical attendant or injure the latter's position in any respect.

8. When it becomes the duty of a practitioner occupying an official position to see and report upon a case of illness or injury he should communicate with the practitioner in attendance so as to give him the option of being present. The practitioner seeing the case officially should scrupulously avoid interference with, or remarks upon, the treatment or diagnosis that has been adopted.

9. When a consultant in his room sees a patient at the request of a medical practitioner it is his duty to write to the latter, stating his opinion of the case, with the mode of treatment he thinks

should be adopted, and he shall not again see the same patient without a fresh note from the medical attendant.

10. A member entrusted with the care of the practice of another member during sickness or absence should not charge either the patient or the absent practitioner for his services, except in the case of a special arrangement between the practitioners.

11. A member called upon in an emergency to visit a patient, who under ordinary circumstances would have been attended by another member should, when the emergency is provided for, retire in favour of the ordinary medical attendant, but shall be entitled to charge the patient for his services.

12. When a member is consulted by a patient whom he has previously attended during the course of the same illness at the request of another practitioner, he may propose a consultation with the said practitioner, but should decline to take charge of the case.

13. When a member is requested to attend a patient already under the care of another practitioner (the case not being one of emergency) he should decline to do so except in consultation with the practitioner in attendance, or in case the consultation be not agreed to, until the practitioner in attendance has been informed (in writing if possible) that his services are no longer desired.

14. When a practitioner is consulted at his own residence, it is not necessary for him to inquire if the patient is under the care of another practitioner, but if that fact should transpire, the interest of the patient or courtesy may require, that the medical attendant be informed of the consultation and its result.

15. There is no rule that medical practitioners should not charge one another for their services, but it should be regarded as a pleasure and privilege to give one's services freely to a professional brother, his wife and children or to a medical student.

16. There are no fixed fees in the medical profession, if by that is meant a tariff regulated by some recognised rule to which either a patient or a practitioner can appeal; but there are customary fees which vary with the place, the status of the practitioner and other circumstances. Fees are reducible at the discretion of the practitioner.

17. A medical practitioner is justified in refusing to continue attendance on a case:—

- (a) Where he finds another practitioner is in attendance;
- (b) Where other remedies than those prescribed by him are being used;
- (c) Where his remedies are refused;

- (d) Where he is convinced the illness is an imposture, and he is being made a party to false pretence ;
- (e) Where the patient persists in the abuse of opium, alcohol, chloral, or similar poisons.

He is not in any way bound to give up a case because he cannot cure it, so long as the patient desires his services.

18. A medical practitioner is under an obligation to his patient to preserve his secrets and in legal matters, should, except with the patient's consent, answer questions only at the express direction of the judge or magistrate presiding in a Court of law.

A medical practitioner is not bound to answer questions put to him by policemen, solicitors, vakils or other non-judicial persons.

19. No medical practitioner should volunteer to give evidence in a court of Law against any person who has been under his professional care. He should only appear on *sub poena*.

20. Medical Officers of Health should not visit a patient under the care of a medical practitioner without notice and should not express doubt or dissent with respect to the diagnosis before the patient or his friends. A medical officer of Health or Sanitary authority ought not to demand a statement of the symptoms upon which a diagnosis of a notifiable disease was based by any medical practitioner.

21. It is the duty of medical practitioners, as citizens, to assist cordially in carrying out the provisions of the Public Health Acts, especially with regards to the notification of disease so as to enable the Public Health authorities to take preventive measures to check the spread of epidemics.

#### *Hospital and Dispensaries.*

22. (a) Honorary appointments.—It is not desirable that medical practitioners should accept honorary appointments in such hospitals and institutions as treat both poor and well-to-do patients free, unless they are remunerated for their service to the well-to-do patients.

(b) Appointments in Nursing Homes or Lying-in-Hospitals.—No Medical practitioner should enter into any contract with a nurse, midwife or any other person who may own or manage a private hospital, nursing home, or a lying-in-hospital nor receive a share of the profits therefrom.

23. It is not proper for a practitioner to style a private nursing home, dispensary, consulting room, office or hospital either after his own name, or one with a medical significance.

24. (a) It is not in consonance with professional ethics that medical institutions should be advertised in the lay papers unless such institution is registered as a charitable society.

(b) No medical man should accept donations for the treatment of poor patients in a private hospital owned and managed by himself.

*Miscellaneous.*

No medical practitioner should make use of an unduly large signboard, and only in cases where there are several entrances, or the building has more than one frontage, should more than the name, degree or diploma and rank or title, if any, with bare details of any particular line of practice be exhibited. Thus, it would be proper to add "Physician" "Surgeon", or "Throat and Nose Specialist" or such other single designation of one speciality only. The practitioner should not notify treatment of a disease by a special line of treatment, *e.g.*, treatment of diabetes by insulin nor is it advisable to mention on a board any position he may be holding, or have previously held on the staff of a hospital, or other institution.

26. When a registered practitioner wishes to notify a change in his address he should be careful to see that such notices are not published more than twice on each occasion of a change. They may be published either twice—in one English or in one Vernacular paper—or once in both. Such notices should not state anything beyond the bare change of address.

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